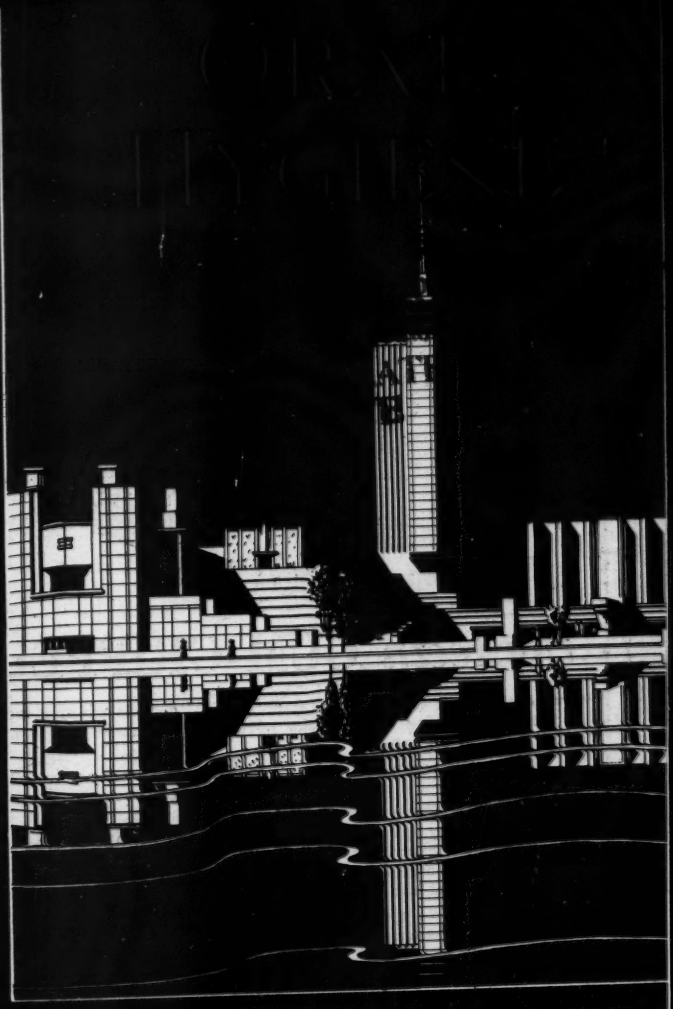
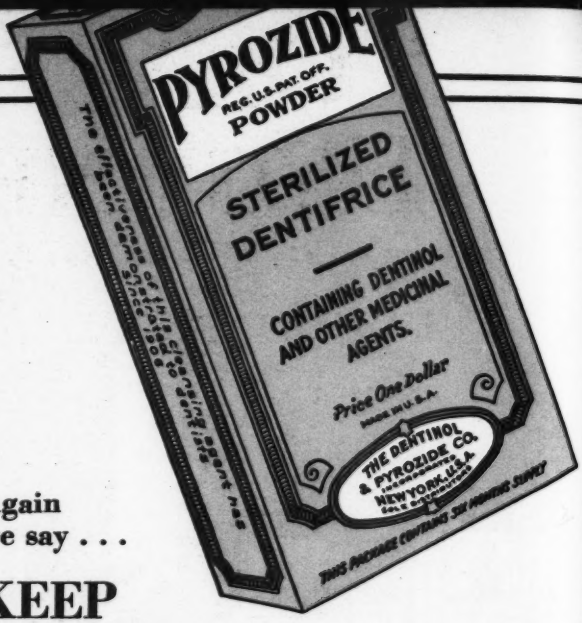




Again we say . . .

KEEP *the teeth* GUM-GRIPPED

We cannot over emphasize the importance of dentists advising their patients concerning the necessity of home cooperation in keeping their teeth *gum-gripped.*

It is of vital importance to patients to know why teeth are lost due to destruction of the root supporting tissues which are normally protected by firm healthy gums.

Brushing healthy gums as well as sore spongy gums while safely cleaning the teeth gives needed stimulation to these protective tissues and is a definite aid to the dentist in maintaining the benefits derived from his work at the chair.

Patients appreciate specific instructions by the dentist as to how to care for the gums and teeth between visits.

Years of clinical experience definitely prove that PYROZIDE POWDER used by the patient produces especially favorable results. That is why we say:

Prescribe Pyrozide Powder for Home Co-operation

AT ALL DRUGGISTS

THE DENTINOL & PYROZIDE CO., Inc.

Sole Distributing Agent

1480 Broadway **New York, N. Y.**

THE *Publisher's*

No. 144

CORNER

By Mass

RANDOM RECOLLECTIONS

THE blind man, leaning against one of those white enameled poles in a subway car, reading with eager, sensitive fingers the embossed hieroglyphics in a volume of Braille—and chuckling to himself. Satisfying that same human hunger for print which has made me read the telephone book when marooned with nothing else.

Ralph Savin, of S. S. White's, took me through the Braille department of the Philadelphia library one time.

A whole new world to those of us with seeing eyes —a dark world illuminated by little dots raised from the surface of thick paper, tiny knolls that speak to the flying fingers of the blind.

• • •

THE two dirty little lads retrieving cigarette butts in an alley. "Ain't you got no sense? Be *sanitary* —always chop the *end* off before you smoke one!"

• • •

THE Pittsburgh department store truck driver who paused on the road near the eighth hole to jeer at a golfer who popped one three feet off the tee.

The next morning on the official carpet. The golfer

was the store's general manager, who had been just too far away to recognize.

And so, children, little Red Riding Hood ate up the three bears.

• • •

THE hotcake machine in a New York Childs' restaurant. The buttons on the table, one for each chair, operating a vast mechanism in the front window.

A great machine that pours the batter, cooks the cakes, scoops them onto a plate, prints a slip bearing your table number—all by your own remote control.

Sam Stanley's idea to press all four buttons just before leaving—press each one several times.

The waitress overhearing. Waiting, motionless and grim. Like the little Dutch boy with his finger in the hole in the dyke.

• • •

THE son of Chin Go Yuen, in California seed farming days. The moon-faced Chinese youth sent by old Chin to a San Francisco school, twenty-five miles away.

Returning weekends to the ranch with inky fingers —displayed as proof of devotion to learning.

But the ink was really from old Chin's own bottle. Young Chin never went near the school.

The old man clicking his Logan crowns in despair when he learned the tragic truth.

• • •

THE affair of the J-box and the U-box. Twenty-seven years ago, wheedling for a summer job in a little printing office. "We want a boy who can distribute type. Do you know the case?"

"I certainly do! I have a printing outfit at home."

"Where's the J-box, where's the U-box, in this cap. case?"

Business of pointing, with smug confidence.

"Wrong the first time, you brat! In a case of capi-

tals, the J and the U are at the *end* of the alphabet." Printers are like that.

• • •

THE first day at ORAL HYGIENE—seventeen years ago next month. The job unintentionally secured under false pretenses, through not having plumbed the depths of personal ignorance.

The squeak of Linford Smith's chair, as he swung 'round to find out why something wasn't done.

The vast relief when he was called out of town early in the afternoon.

The first four pages of copy that day, a word at a time, a letter at a time, a comma at a time; and not even certain about the commas.

• • •

THE tumbledown house in the alley and the little old lady who lived there. The flinty garden patch in front, pecked at laboriously and hopefully.

The brave contriving of a bird-bath. In an alley, where even the birds didn't bathe.

The tiny fence, fashioned from odds and ends and painted with trembling old hands.

Trying to live like real folks.

• • •

TAKING a "musical census" for a piano store, house to house for a dollar a day. And stuttering as usual.

"P-p-please, m'am, are any of your ch-ch-children g-going to take m-m-m-music?" So the high-pressure boys could come later and dicker about pianos.

The impatient ladies. And the totally unexpected and highly vigorous dog.

• • •

THE time when the carload of ORAL HYGIENE paper didn't come. The man who was sent out to trace it in far freight yards deep with snow. His

triumphant return with the car, welcomed by a cheering staff.

The cheers subsiding when the opened car disclosed a shipment of baking powder cans. He had the wrong car number.

• • •

AND the time Linford Smith sold a dental operating stool to a professional piano player. Not remembering that, with feet on the pedals, balance was gone.

The piano player going boom. The stool springing upward and smacking down on him as he lay prone.

The threat of a lawsuit.

• • •

AND, still thinking of music—the chimes at a dental exhibit, played on selected cuspidor bowls by the proud manufacturer. Paul Pinches nearby, at intervals thumping a bottle—driving the chime-player frantic.

• • •

AND, the RANDOM RECOLLECTIONS having run dry for the moment—a word of thanks to kindly CORNER-customers: Miss Halpin, secretary to Dr. Brooker of Squibb; Stephen Kay, associated with Dr. Henry Steuer of Cleveland; Dr. W. W. Homan of San Francisco; Dr. W. R. Porterfield of Osceola, Iowa—whose letter goes back into the pouch for future use; Dr. Wilton H. Robinson of Pittsburgh; Dr. R. W. Rixman of Cape Girardeau, Missouri.

• • •

THE CORNER is twelve years old this month, this is the one hundred and forty-fourth, the wordage about 280,000. And so what—and so what?

ORAL HYGIENE

Registered in U.S. Patent Office
Registered Trade Mark, Great Britain

A Journal for Dentists

American-Swedish News Exchange

Doctor Harvey J. Burkhart, friend and associate of George Eastman, is shown here laying the cornerstone of the dental clinic given to Sweden and the city of Stockholm by the late Mr. Eastman.

Twenty-third Year **JULY, 1933** **Vol. 23, No. 7**

What's WRONG with Dentistry?

By JOSEPH B. JENKINS, D.D.S.

An unusual article by the author of the enormously popular ORAL HYGIENE articles, "Showing the Patient," which brought letters from more than 2,600 readers.

LAST evening I boarded a street car and sat down beside a former patient of mine whom I had known intimately for many years. In fact, we are good enough friends to be confidential and quite frank with each other.

"Jack," I said, "what, in your opinion, is the worst thing wrong with dentistry?"

"Well, I'll tell you, doctor. There's too much salesmanship in the dental offices today."

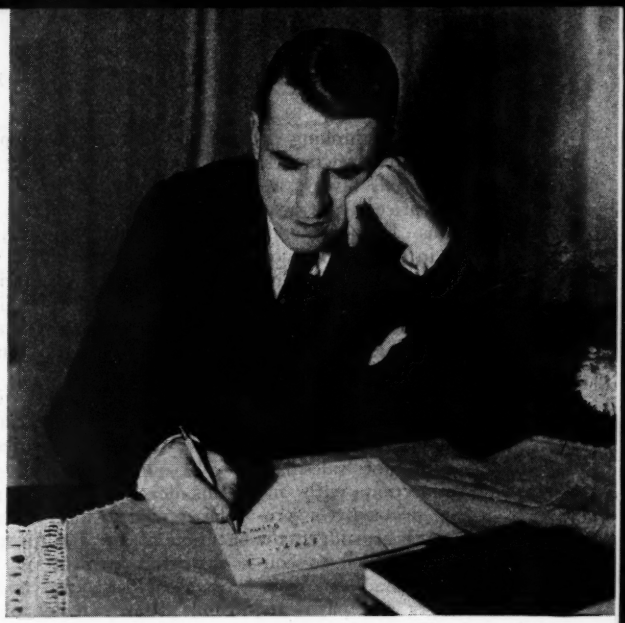
"Too much salesmanship, eh?"

"Yes, and I'll bet if I've heard one man say that in the last few years I've heard fifty. They say, 'You go to see a dentist about having a little work done, and he immediately tries to sell you three or four hundred dollars' worth of bridgework and stuff, and I just don't like it.'

"Why is that, and why do they do it?"

"They don't all do it, Jack," I defended. "But let me give you a few reasons why this is true in many offices.

"For a great many years, it was only here and there that a dentist could be found who was getting much more than a meager living out of dentistry. Then the dental economists, seeing that dentistry was delivering a valuable service at a very small cost, and that the dentists were not getting their share of the general prosperity, began to make surveys of dental practices. They found that the public was spending as much for soda-pop as for dentistry, twice as much for candy, four times as much for cosmetics, and five times as much for tobacco because these competitors of the dentists, bidding for the public's dollar, were creating a demand for their commodity. These economists concluded that if the



dentist stood any show at all he, too, would be compelled to develop some salesmanship.

"In most cases they found that dentists were not employing business principles in the conduct of their practices. Not half the needed dental work was being uncovered when the patient did go to the office. Dentists were not telling their patients anything of the health value of a clean, healthy mouth and a complete masticatory equipment. They did not even suggest a bridge to replace lost teeth, and said nothing about maintaining the dental arch, thus helping to prevent pyorrhea, and the drifting of the opposing and adjacent teeth. Consequently, they were permitting irreparable damage to occur, for fear the patient might think he (the dentist) was trying to 'sell' a bridge.

"Dentists were not getting their share of the general prosperity."

●

"The natural conclusions of the economists were that the dentists must let the public know what modern dentistry can do for the public health. The new replacements, improved filling materials, anesthetics, the advantages of x-ray, and other improvements in dental service needed a proper presentation. This, thereupon, dentists set about doing—thus really educating the public, and, incidentally, improving their own economic status.

"Some men, here and there, probably did overdo the idea of

'selling' dentistry, thinking it involved high pressure tactics, talking of materials always associated with prices, contracts, and collections. Even some of the leaders in the profession wrote magazine articles and presented papers at dental meetings on salesmanship in dentistry or similar titles serving to emphasize the commercial aspect of dentistry instead of the health service.

"Personally I have always resented the idea of 'salesmanship' in connection with my work. Being primarily a professional man, I begrudged the time I was compelled to consume arranging the business details of charges and payments, much preferring to give my entire time to the operative services of my profession.

"The health value and comfort of dentistry was to me of primary importance, and I have always contended that a dentist, like a physician or a surgeon, had only five professional services to render; namely, prophylaxis, examination, diagnosis, prescription, and operation; and that a dentist has no more business 'selling' the patient an extraction, surgical operation, alveolectomy, surgical preparation of the mouth for dentures, a filling, or surgical eradication of pyorrhea than the physician has to 'sell' the patient an appendectomy or a tonsillectomy. He may prescribe a service, treatment, operation, or replacement; but he certainly should not 'sell' them.

"It is quite true that our service takes us one step further in that we are making replacement parts for lost organs; namely plates, bridges, and fillings at so much per, a fact which places us in a category with the makers of wigs, artificial eyes, and cork limbs for which the public goes shopping and seeking bargains, and which explains why they will continue to regard our activities as a business or commercial enterprise instead of a profession.

"I quite agree with you that this idea of 'salesmanship' should be applied to the proper presentation of the health service of dentistry, which, if properly done, will require no pressure and little discussion of fees."

"What do you mean by saying that a dentist's services comprise prophylaxis, examination, diagnosis, prescription and operation?"

"Prophylaxis means prevention, and as concientious professional health workers the primary duty of physicians and dentists is to strive for prevention of ills rather than cure. Prevention can be effective only with intelligent cooperation of the public. Therefore, our first duty is to teach preventive measures, thereby earning the title of 'doctor' which means, you know, 'teacher.'

"If your dentist will make a thorough examination, which must include x-ray, and should include transillumination, ocular, digital, and exploratory examination under adequate light, he will then be able to assemble enough information concerning

ORAL HYGIENE is engaging in a new and interesting undertaking. We are going direct to the public, to dental patients, and ask them questions about dentistry and their opinions regarding the various phases of dental service—hoping to bring out helpful information.

As various patient groups will be questioned successively, there is time for readers to submit suggestions.

your case to give you a completely charted survey of your dental conditions, make a dependable diagnosis, and then submit a logical prescription of treatment.

"By 'prescription' I mean a recommendation as to procedure indicated in each case, whether it be prophylaxis, pyorrhea treatment, surgery, fillings, extractions, orthodontic treatment, replacement of lost masticatory apparatus, maintenance of the dental arch, or whatever the needs of the case may be.

"Going to the dentist is done on the patient's own initiative. Examination, diagnosis, and prescription are the dentist's turn, but authorization of the prescribed operation or treatment is strictly up to the patient, and is never solicited. If the examination has been thorough, the diagnosis accurate, and the prescription a wise one, based upon sound judgment, accompanied by *the health story convincingly told*, the patient will require no 'selling' whatever.

"In those cases where the health and economy of the patient are vitally concerned we may even go so far as to urge the prescribed operation, meanwhile assuring the patient that he is under no obligation whatever to have the operative work done in our office; that, regardless of who does his dental work, certain conditions in his mouth should be attended to, but we never 'sell' dentistry. Dental service when properly presented in conjunction with the health story never needs to be 'sold.'

"So the dentists you justly criticize, Jack, would much better perfect their presentation of the health service of good dentistry instead of talking hand-manufactured dental devices and materials at various prices which mark them as salesmen."

Medical Arts Building
Oklahoma City, Oklahoma

DENTAL EDUCATION *to* WHAT END?*

By W. N. MILLER, D. D. S.

BELIEVING that it is time some constructive plan of action is evolved from the miscellany of ideas at hand, I shall attempt to make manifest to you what seems obvious to me. Some of my censorious friends accuse me of harboring an unfounded obsession. Nevertheless, I propose to prove my crusade the logical termination of a careful analysis.

True, I have not attended a dental college for twenty-one years, but my contacts with graduates of all stages of experience have been many. I have been talking a sane plan of office procedure for fifteen years and the comment has always been, "Why couldn't we have been taught some of these evident truths in dental college?"

Associated with me in practice is a 1930 graduate of a college where my sagacity is doubted. His training in the rudiments of office practice and the logical approach to consummate a real dental service show no startling advancement over my own received years ago. He is a careful, conscientious operator with a desire to increase his proficiency. In many of his details of technique he has been an inspiration to me toward a finer accuracy, although I have never been ashamed of my standard of mechanical restoration. But he had never been impressed with the value of time, its relation to the fees desired and warranted, or to any definite plan of office procedure. His basic stock of knowledge and skill was exemplary, but his training in the art of distribution left much to be desired. With the nucleus of office economy obtained with me, plus his inherent ability and desire for progress, you will be hearing from this young man ten years from now.

These personalities are injected to counteract the implication made by most educators that present teaching of the practice of dentistry is sufficient.

To substantiate further my indictment of the usual college curriculum I offer a résumé of my project, beginning with a survey of the teachings of dental economics in the colleges of the United States and ending with a constructive, detailed plan of teaching designed to prepare the dental student for the field of endeavor he ap proaches.

I shall be criticized for bring-

*This article is the first of a series on this subject.

That there is a problem in the conduct of dental practices has been repeatedly demonstrated.

That there is a correlation between a good office management plan and a rising quality of dental service can be as readily proved.

Interest in improving office management methods is so keen that individuals are writing and talking about it and societies are devoting whole sections of their meetings to it. One out of every ten dentists in the United States has derived indisputable benefit from a single organized course of training. Many others have profited from smaller sources.

The only controversy seems to center around the question, *"How and when shall the necessary training be acquired by the dentist?"*

Will you help me consider that problem and lend your influence to consummate a plan for its solution?—*W.N.M.*

ing this demand for improved teaching direct to the profession, an act which forces me to place the responsibility for such action where it belongs. I, too, felt that the greatest progress would result from an introduction of the subject to an assemblage of dental educators. I tried in vain for two years to obtain permission to present this survey and its conclusion to the American Association of Dental Schools, beginning before the meeting of this body held in Memphis, in March, 1931. It became apparent to me that it is the policy of this organization to limit the presentation of contributions to those directly connected with some educational institution. I questioned this policy because it seemed self-evident to me that a body of educators might improve its usefulness by listening to members of the dental practitioners, inasmuch as the result of its efforts is plainly another practitioner. I advised the secretary of the American Association of Dental Schools that I regretted my inability to obtain a hearing before the association and expressed the hope that I might be wise enough to select the best of the remaining avenues of approach.

Upon submission of my ideas to the editors of ORAL HYGIENE I was encouraged to persevere in this endeavor by their immediate offer of cooperation. Every dentist in the United States will have an opportunity to weigh the evidence presented

and, I hope, will consider it of enough importance to voice his or her opinion, adverse or favorable. For the convenience of the reader a questionnaire will appear in the course of this series. Those who wish to amplify their opinions beyond the limited possibilities of a questionnaire are urged to write directly to me or to the editors. All communications will receive acknowledgment and be filed after tabulation of their contents.

If the plan I present does not correct the discrepancies now existing in the preparation of the dental student to become a well-rounded practitioner, surely many enlightening conceptions of the ideal dental education will be uncovered and some tangible benefit evolved.

It is the hope of all interested that many educators will express their views, and everyone (educator or practitioner) is assured that any information will be recognized as confidential, unless permission for its use is given. In this connection I wish to point out that several colleges are attempting in various ways to coordinate their student training and that the inferences which follow apply to them in reduced ratio according to their accomplishments. From these sources we implore understanding and concurrence rather than resentment. I have tried to present the attitude of sincerity and competence which I feel has prompted this project from its inception and disseminate any notion that this article is the irresponsible mouthing of a crank.

On August 25, 1929, the following questionnaire was mailed to the dean of each of the thirty-eight dental colleges in the United States:

The answers to the following questions will be treated as confidential and your college will not be mentioned specifically unless your permission is definitely expressed under "Remarks."

1. Do you have lectures in dental economics as part of your curriculum?

.....How many hours?.....

2. What method is used to ascertain the students' absorption of the course?

a. Quizzes
b. Examinations
c. Class discussion

3. Is the lecturer a full-time faculty member, part-time faculty member, or a full-time practitioner?

4. Is your senior student body allowed, encouraged, or discouraged to invite outside speakers to address them on the subject of dental economics?

5. From personal conversations with your alumni, have you sensed the need for greater instruction than you give?

6. What attitude does your faculty take toward the various "economics" courses, such as Bosworth's, being offered?

7. What type of men in your vicinity have been members of economics study clubs and enthusiasts in promoting a businesslike handling of dental practice?

I believe that a proper knowledge of efficient office procedure and records is the next great constructive step in the welfare of dentistry and its patients. I have been urging it and practicing it for fifteen years. Any positive opinions you may desire to express under Remarks will be appreciated.

8. REMARKS:

It is probable that institutions of all kinds have been harassed with many needless questionnaires during the last ten years. We have all noted a tendency toward surveys, compilation of percentage charts, and graphs to denote one or another kind of progress. Recognizing that condition, I was agreeably surprised to receive replies from thirty of the thirty-eight deans prior to the first presentation of this subject in a clinic at the Washington meeting of the American Dental Association in October, 1929. Possibly a few of those who acknowledge the reading of this series of articles will flatter me by recalling that effort.

After compiling the data received prior to December 1, 1929, I made a summary chart to show my analysis of the sentiment existing at that time. I then sent both of these charts to the deans of the colleges, telling each which line on the chart carried his own school's information and rating according to my analysis.*

There was some increase in my correspondence following the sending of these charts. I would have been disappointed had there not been more activity, for the first chart and its accompanying summary chart were compiled and sent for the express purpose of getting corrections and securing further information.

With a few broad-minded exceptions the colleges rated below "plus 1" on these charts registered protests and furnished new data. It was apparent that at first the questionnaires had received only cursory attention and that a new interest had been aroused by the arrival of such a definite tabulation.

Many hours were filled with the answering of over two hundred explanatory letters until July 1, 1930, when a second chart (pages 1014 and 1015) and an accompanying summary chart (page 1016) were arranged from the additional information received.

The increase in interest noted under this date (July, 1930) leads me to believe that the condition at present would show even a better progress.

The marked change in interest manifested in the teaching of office practice encouraged me to the second step of the plan I had in mind; namely, the formation of a definitely constructive and corrective list of suggested changes in the dental college curriculum.

These ideas will appear in future numbers of ORAL HY-

*KEY TO RATING:
Zero indicated a school apathetic, or at least indifferent toward dental economics as an issue at the present time; plus indicated some favorable thought but no incentive or concentration toward increased teaching; plus 1 indicated favorable thought and recognition of a need for greater teaching and some definite planning toward that end; plus 2 indicated very favorable thought with exceptional activity already under way and favorable results already accomplished; minus indicated negative but dormant attitude; minus 1 indicated an unfavorable attitude with an effort to evade the issue; minus 2 indicated a rabidly unfavorable attitude with refusal to admit any need or refusal to answer questionnaire.

	Hours	Method	Lecturer	Outside Speakers	Expressed Need	Faculty Attitude	Economic Type	Remarks	
No.	1	2	3	4	5	6	7	8	Rating
1	60	1-2 mock records	Faculty					Course intends to make men business like.	plus
2	17	1-2-3	3 yrs. Faculty. 12 yrs. successful practice	Allowed (Forum) (Letter received from Dean shows great interest in the subject presenting it to students	Present OK	Unknown	Unknown and a searching	Course outline O.K. for improvements in)	plus-1
3	10	2-3	Faculty	Allowed	Yes-qualified	Divided	Recent grad.	Simple bookkeeping and collection system desirable.	zero
4	18 (Each instructor stresses the economic factors that pertain to his particular subject)	1-3	Faculty	Allowed	No	Neutral	All	Kent's Dent. Econ. & Ritter's Pract. Bldg. Hints. Same records both case & financial.	plus-1
5	10 (This college desired not to be rated without a personal investigation of several days - Proud - Outstanding if arbitrarily placed at a rating of-	3	Part-time	Allowed outside of classes	Omitted.	Too commercial	Good men	None	plus-2
6	(This college acknowledged receipt of questionaire but furnished no information)								
7	16	1-2	Practitioner	Professor allowed	Yes Believe students require this subject	Valuable for young men (Deplores rumors of Commercialism)	Representative	Has chair of dental economics established early.	plus-1
8	None			Not allowed	No	Very opposed	Regrets the number	No place for it in the university	minus-2
9	32	1-2-3	Practitioner	Encouraged	Yes (Alumni and personal observeration)	Divided	Cross section		plus
10	8	2	Part-time	Encouraged	Yes--- often	Disapproves	Some of best	Prefers not to be quoted	plus
11	16 (Letter from the Dean states that student in clinic conducts his contacts with patient	1-2-3	Faculty	Allowed-restricted	Yes	Fearful	Best and Worst same as if he were in his own office)	Believe themselves average	plus 2
12	(Letter from the Dean is general in scope)				Yes -changing course	Decidedly against-evidently misunderstood		Establishing course experimentally on scientific basis.	minus
13	16 plus	1-2-3	Practitioner	Encouraged	Yes	Favorable	Many of our best	None	plus
14	24	1-2-3	Part-time	No	Refused	Should be unnecessary	Refused	Big Bosworth State	minus 2
15	4	None	Practitioner	Encouraged	Yes	Favorable but quiescent	Above average	Lack of it has been costly. (Informant evidently more interested than college activities indicate)	zero
16	6	1-2-3	Part-time	Allowed	No	"Bunk"	All	Approves	zero
17	6	Lectures	Part-time	Open-minded	Yes - more instruction needed	Opinions differ	All types	Much needed course but nothing definite & practical available.	plus
18	None			Senior club allowed restricted	Yes	Unfavorable in past - open-minded now	Avoided	Wants teaching by state society	minus 1
19	14 (This questionaire was accompanied by a letter of explanation which was misplaced & disregarded)	1-2-3	Faculty	No action	No	Open-minded	Above average	The college is trying to proceed along lines of econ. teaching.	plus

Chart based on data collected previous to July 1, 1930.

18	None			Senior club allowed restricted	Yes	Unfavorable in past - open minded now	Avoided	Wants teaching by state society	minus1
19	14 (This questionaire was accompanied by a letter of explanation which	1-2-3	Faculty	No action	No	Open-minded	Above average	The college is trying to proceed along lines of econ. teaching.	plus
20	10	1-3	Practitioner	Discouraged	Yes	Divided	Average	Conservative	zero
21	10	2	Practitioner		Yes	Deplores commercial aspect	All types	Believes in fearless handling	plus
22	(Reorganizing on broad practical basis -- striking middle ground between asceticism and commercialism. Reorganizing course so that student gets fundamental econ. in predent yr. - Applied econ. suitable to continue in practice. Senior yr.								plus1
23	12	1-2	Practitioner	Encouraged	No--- following Bosworth-very favorable		Very best	Records suitable to student's needs as he goes into practice	plus 2
24	64+	1-2-3	Full-time	Encouraged	Yes - Dean has been active in helping	Unfavorable if from "get-the-dollar" attitude	Representive	Practical record system in use.	plus 2
25	32	1-2-3	Half-time	Not allowed	Formerly yes - OK now	Disfavor	Average	Approves teaching practical record system in use	plus
26	32	2-3	Practitioner	No action	No	Disfavor	Men of poor practice	Practical record system this year.	plus 1
27	10	None	Practitioner	Special lecturer	Neutral			Interested personally	plus
28	16	2-3	Half-time	Encouraged	Five years ago Yes	Useful but costly	Every	Five years of records	plus2
29	16	1-2-3	Practitioner		Recent grad-No			Record system beginning	plus1
30	12	1-2-3	Part-time	Allowed	No	Beneficial	Best type	None	zero
31	12	3	Practitioner	Allowed	Yes	Not favorable	Very good men	None	zero
32	8+	2	Part-time	Allowed	Yes	Not used in school	Does not know	Working on improved course, inaugurated during course of this survey -- Looking forward	plus1
33	None	None	(Some instruction given in each branch)			Opposed	No personal experience	Opposed because they do not understand	zero
34	10	3	Practitioner	Not Allowed	No	Has heard no expression	Question not understood	None	zero
35	16	1	Part-time	Encouraged	Yes	Mostly neutral	Younger men	None	plus
36	6	1-2	Part-time	Not allowed	Older alumni-Yes Recent-No	Consider it wholly disreputable	Low Grade -- Primarily Commercial	Dental Economics should be taught post-graduate	minus
37	32	1-2-3	Pres. of local business college	Discouraged	Don't think so	Fine	Better type	Teaching general Open-minded Forward-thinking	plus
38	12+	1-3	Part-time. Successful Practitioner	No objection to qualified professional men.	Somewhat qualified	Seriously opposed	Capable but monetary. Best men in individual way.	Exceptionally and thoughtfully open-minded	plus 1

See footnote on page 1013 for explanation of rating shown in last column.

GIENE and will occasion varying comment.

When you read a good, axe-swinging criticism of these articles—or, perchance, you are writing it—keep in mind the fact that the following excerpts are from the pens of deans of our various colleges and that, while some may rabidly attack my effort, there are others even within the ranks I criticize who are reaching earnestly for an answer to this perplexing problem:

"Dental economics is one of the greatest needs in modern dental education. Management of an office and handling of patients have been very costly to the average graduate during his first five years in practice."

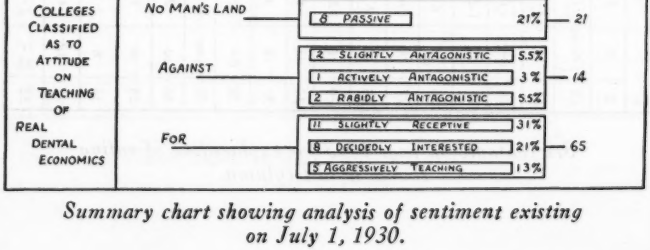
"The faculty have never discussed this subject officially in the faculty meeting. My personal opinion on this subject is that dental schools throughout the country do not offer a satisfactory course in dental economics. I feel that dental students should be much better prepared to conduct their offices on a business basis when they leave school than they are at present."

"An effort is being made this year to include in the economics course certain items in bookkeeping and a full case record of each patient, and the information contained therein is to be secured in each instance by the student in charge of the patient and checked by his instructor."

"You are correct that the need in our schools is the development of a course worthy of the name; embracing a complete system for office use—card record, history, day book, etc., to be used and taught to the senior class."

"There can be no doubt that a fearless and honest handling of the business side of dentistry *in the dental school curriculum* would prove immensely valuable. We have been conferring with the School of Business Administration and have had a survey made of our graduates. Some type of business training will be eventually worked out."

"We require every student to keep a complete set of books throughout his junior and senior years. A trial balance must be taken off each month before the student receives credit for his clinical work. *This has proved*



Summary chart showing analysis of sentiment existing on July 1, 1930.

to be a very practical course. It has been in operation five or six years."

"I am convinced that a course in economics given to dental students has as its major point an attempt to change the individual to a high type professional man who, in his relations with the public, inspires confidence and trust. This accompanied, of course, by the ability to deliver efficient service. Business is the relationship between peoples. The business side of dentistry is the relationship between the patient and the dentist. Office practice is the second phase and the third, a keeping of records, though necessary, is not as it has been often called the major part of dental economics."

To emphasize further the present trend of thought among thinking practitioners today I want to quote from the concluding article of a series by Ex-Dentist:*

"Unless a graduate possesses sufficient means to maintain himself for a suitable period, or starts practice under especially favorable conditions, or possesses exceptional knowledge of financial administration, adverse circumstances too strong for him to conquer may force him into contraventions of ethical conduct, and cause him to abandon his ideals and lose faith in himself.

"It seems stupid to spend years of time and considerable money in preparation for practice without making any provision for the capital, or the administrative and financial training, which ultimately becomes necessary for the proper application of the results of this preparation. It must be admitted, of course, that occasionally dentists of unusual determination and profound professional engrossment seem to thrive ethically and technically in spite of stringent financial adversity. These, however, are the exceptions, and even they, in many instances, are forced to sacrifice family or other honorable obligations in order to maintain their professional integrity. It is difficult to escape the conclusion that stark financial necessity and fear are the principal causes of ethical collapse among dentists and other professional men. Nothing, in my opinion, can be more dangerous to a community than to be served by professional groups who are in constant money distress and who, thereby, may feel impelled to victimize their clients for the maintenance of their own economic stability."

In an early number of ORAL HYGIENE we will consider some of the inconsistencies of present educational methods, analyze their comparative usefulness, and outline the approach this study has taken to the final conclusions.

*ORAL HYGIENE, March, 1932, p. 531.

Dryden Building
Flint, Michigan

A New Deal *For the* PATIENT

By ROBERT B. LOOS, D.D.S.

UNFORTUNATELY the dental profession is not free from the incongruous effects of the present economic situation. We see on one hand the overwhelming need for dental treatment, and on the other our, too often, empty offices. We hear suggestions from the profession for educational programs to inform the public of their dental needs, and at the same time demands come from the public for state dentistry. The latter demands, evidently, arise because the public cannot afford dental treatment already recognized as necessary.

These inconsistencies should be evidence of one fact: Our own economic well being is directly related to that of our patients. We should, therefore, attempt to adjust the work we do and the fees we charge to the ability of the patient to pay.

Those members of the profession who have pursued any of the so-called dental economics courses can readily see that they were simply courses in salesmanship. They made no pretense at attempting to reconstruct office practices along practical economic lines.

We were told that the way to increase income was to increase each individual fee. These methods, if adopted, consisted in selling the patient some new and too often unneeded service. No thought was given to attracting new patients to the office.

The fallacy of this method of bettering our economic condition is made quite clear during this depression. In times of a financial boom sales resistance is low and no effort is required to make the patient see the need for some new service, regardless of the cost. When the free flow of money has stopped and everyone is required to struggle for an existence, the memories of those high dental fees are responsible for the failure of the patient to return to the office. He has become imbued with the idea that the cost of necessary dental treatment is on the same scale as the excessive fees charged for luxuries.

With our incomes increasing due to our successful salesmanship, we gave no thought toward attracting new patients to our offices. Those who did arrive were met with a broadcast of newly acquired phrases and demonstrations on beautiful

"At mention of cost, the patient retreated."

models and charts. At the mention of the cost of the completed service many of them rapidly retreated, and we had converted another person to the idea that the necessary dental treatment was too expensive.

Such a method of attempting materially to increase income without increasing the number of patients treated is economically unsound. It is this condition which has brought about the unsatisfactory relationship between the dental profession and the public.

In order to make us revise our ideas of proper dental fees, we were told of the large fees surgeons received for operations they perform. We failed to take cognizance of the fact that a surgical operation is entirely an emergency procedure. The general dental practitioner has discovered that his livelihood depends, not on emergency treatment, but on periodic examination to prevent the necessity of such emergencies. The only way to secure patients for such periodic examinations is to make them realize that the cost of such preventive treatment is within their means. This is not possible if we consistently try to sell each one every service we have, regardless of his ability to pay for it.

If the members of the profession do not soon realize the need for a new system of dental economics, including a logical readjustment of many of our fees, they will be faced with unrest both within the profession and within the public at large. This will be due to: first, the continued unstable financial condition of the average dental practitioner, because of our lack of foresight in attempting to correct it; and second, the ever increasing body of people refusing to pay for dental treatment, who will get beyond our control, thus forcing some type of state dentistry upon us.

418 North Tenth Street
Reading, Pennsylvania

SHADOW PICTURES

By MAYNARD K. HINE, D.D.S.

"1. Use x-rays in conjunction with clinical findings.

"2. Examine the lamina dura of each tooth with care.

"3. When in doubt, take x-rays from different angles and the opposite side for comparison."

DEVELOPMENT of dental radiographic technique has been one of the truly big advances made toward correct diagnosis of oral conditions. To one trained in its use, it is almost indispensable in routine general practice, and in all the specialities. A few minutes with the x-ray machine will uncover valuable facts that could otherwise only be guessed.

X-rays are *so* useful, in fact, that warnings are needed occasionally to recall to our minds that they are not infallible, but are merely shadow pictures made by the different densities of the structures examined. These shadows may show everything clearly and in the correct relation; or the elements *may* be badly distorted or masked entirely, as the following examples show.

Recently a rheumatic patient was referred by a local physician. Clinical examination revealed nothing but a slight paradontitis, and a large amalgam filling in a lower molar. An x-ray taken of that tooth (Fig.

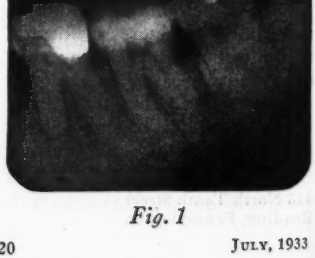


Fig. 1

1) showed an apparent resorption of one third of the mesial root. The fact that the *mesial* root was involved, with the deep cavity on the distal, was a little puzzling; but the tooth was condemned and extracted without hesitation.

Imagine our surprise when we found the mesial root intact and fully formed, with a seemingly vital pulp. Mistaken diagnosis! Fig. 2 shows the extracted tooth.*

Fig. 2

Of course, correct procedure would have called for a vitality test. If the tooth had responded normally, a second x-ray should have been taken for comparison. Now, it must be admitted, if the second x-ray looked like the first one, the tooth would have been sacrificed, because of the serious damage such a tooth could do (even with one vital pulp to give a positive vitality test). But the sacrifice would have been made deliberately, as a protective measure and not on a snap diagnosis from an x-ray.

The same week a patient came in complaining of a chronic discharge of a pale green exudate from the sinus located opposite the upper right second bicuspid. An x-ray (Fig. 3) was taken which revealed a

Fig. 3

large cyst apparently involving the cuspid and both bicuspids. To check on the size of the cyst an occlusal x-ray was taken (Fig. 4). From a superficial examination of this shadow picture it would appear that the cuspid and first bicuspid were involved, and the second bicuspid outside the area.

However, the cuspid and first bicuspid responded *normally* to the vitality test, while the lateral and second bicuspid failed to respond at all. Fig. 5 shows an x-ray of the right lateral, showing it to be the cause of all the trouble. Careful

*The tooth broke and the distal root was removed first and discarded. When search failed to locate it, the wax root was made to complete the tooth.

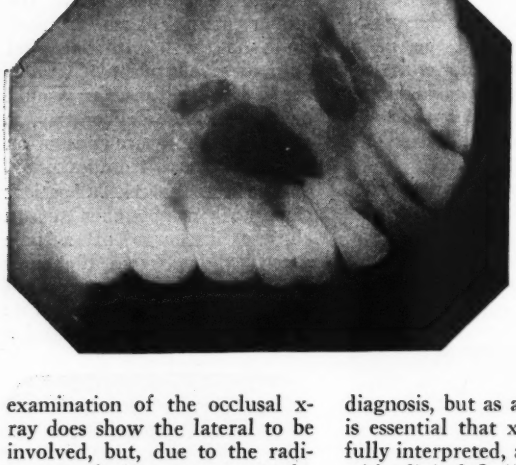


Fig. 4

examination of the occlusal x-ray does show the lateral to be involved, but, due to the radiopaque shadow cast over the apex of the lateral by the septum of the nose, that fact *might* be overlooked.

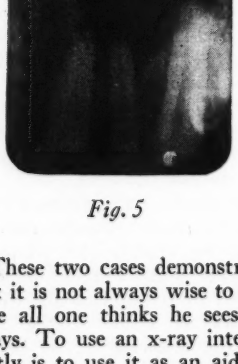


Fig. 5

These two cases demonstrate that it is not always wise to believe all one thinks he sees in x-rays. To use an x-ray intelligently is to use it as an aid to diagnosis, but as an aid *only*. It is essential that x-rays be carefully interpreted, and correlated with clinical findings.

There are many normal shadows cast on oral films that are often confusing. By way of review, we are listing them below:

1. Dark (radiolucent) shadows in upper jaw.
   a. Maxillary sinus (antrum) appears rather uniformly on both sides of the upper jaw above the molars, and sometimes bicuspids, as a black shadow limited by a thick heavy white line.
   b. Nasal cavity appears above the upper central incisors. It is split in half, longitudinally, by a white shadow cast by the septum of the nose.
   c. If the x-rays are directed through the nose, small dark spots may result due to the nostril openings.
   d. Anterior palatine fora-

men appears as a small definite dark area above and between the upper incisors. Incorrect angles often superimpose one of the incisor roots upon this shadow, giving it the appearance of a granuloma. Comparison with a second x-ray is always advisable.

2. Radiolucent areas in the lower jaw.
   a. Mental foramen shows as a small dark area rather low in the bicuspid region. Here again it is possible that the shadow of a root might be superimposed, necessitating comparison with a second x-ray.
   b. Mandibular canal appears as a broad dark line running along the lower border of the mandible.
   c. In cases of marked protrusion of the lower jaw, with a resultant loss of function of the anterior part of the mandible, oftentimes large dark shadows will appear around the roots of the lower anteriors. These areas have no definite outline, and appear bilaterally.
   d. It should be remembered that x-rays of unerupted teeth show a narrow dark band surrounding them, due to the tooth follicle. A similar shadow also appears around the apex of an incompletely formed root.
3. White shadows (radiopaque areas).
   a. Around each tooth root runs a fine white line, the lamina dura or cribriform plate. This line should be examined carefully, for if it is broken, trouble should be suspected.
   b. The coronoid process of the mandible may cast a shadow on the x-ray of the upper molar. This grey, indistinct area might be mistaken for an impacted tooth. Another x-ray should be taken for comparison.
   c. Lingual tubercles cast two small white shadows on the x-rays of the lower incisors.
   d. The malar bone sometimes appears as a white area above the upper molars, masking their apices.

To summarize:

1. Use x-rays in conjunction with clinical findings.
2. Examine the lamina dura of each tooth with care.
3. When in doubt, take x-rays from different angles and the opposite side for comparison.

Did you ever twist your hands before a light, and make a menagerie of shadows on the wall? I think of those illusions now when I look at x-rays. It is to be regretted that occasionally men of science slight clinical findings and rely upon x-rays, forgetting they are but shadow pictures.

Tuscola, Illinois

COURT DECREE
blocks
$1.50
MEDICO-DENTAL SERVICE

●

LAST month, Judge John W. Boerner, in Ramsey County, Minnesota, district court, denied the Pioneer Mutual Health and Benefit Insurance Company of Minnesota the right to operate. The company states it will appeal to the Minnesota supreme court. According to its president, R. H. G. Whatley of St. Paul, the insurance concern will not do business until a final opinion is reached.

The Pioneer Mutual Health and Benefit Insurance Company on April 11 startled St. Paul with newspaper advertisements offering "A New Deal for the Entire Family" in medical and dental attention.

The policy advertised, at a monthly premium of $1.50 for the entire family, was claimed to cover medical and dental benefits as follows:

"A complete physical examination each year.

"Medical attendance and treatment at the office of the doctors.

"All necessary operations and surgical treatment in case of illness or injury, providing the policy has been in continuous force for thirty days preceding the date of an operation.

"Treatment of teeth, including extractions, fillings with amalgam, porcelain and cement (not gold or other metals), and cleaning, provided that not more than two such cleanings shall be given during any twelve months.

"This service covers any and all kinds of sickness or accident that can be treated by regularly licensed physicians and surgeons."

A newspaper article, printed the same day, stated that the company planned to operate on a national scale. Secretary-Treasurer Samuel Neuman was quoted as saying, "The medical and dental services will be given by a staff of doctors and den-

Insurance company's newspaper announcement.

tists regularly maintained by the company." Policies were to be sold to heads of families, covering all dependent members of the family living under one roof.

Harry H. Peterson, Minnesota attorney general, began an action one week later demanding that the company show by what authority it operated. His contention was that the concern, because it is a corporation, is not eligible to obtain a license to practice medicine in Minnesota

nor a certificate of registration in basic sciences.

Judge Boerner sustained the attorney general's contentions, saying:

"The allegations that the defendant has unlawfully usurped and exercised a franchise and privilege not conferred on it by law . . . are found to be true. The acts of the company constitute the unlawful practice of medicine and healing by a corporation through the medium of employing licensed physicians and surgeons to render services to a contract holder for a fee."

According to competent legal authorities who have reviewed the case, the supreme court will likely uphold the district court's decision.

While the Minnesota medical law prohibits the practice of medicine by a corporation, the dental law does not embrace this provision; Minnesota dentists do not, however, anticipate that the company can operate, furnishing dental service only, if the right to furnish medical service is denied by the supreme court.

It is said that the $1.50 monthly premium was to be allotted on the basis of 60 cents to the physicians, 40 cents to the dentists and 50 cents to the insurance company. In April, six dentists were reported to have signed up for service; two were said to have resigned the same month. It was also stated the St. Paul hospitals declined to accept the company's cases.

* * *

Nearly three years ago, in September, 1930, a concern calling itself "The Prudential Society of America" announced "The Prudential System of Panel Dentistry" on an insurance basis.

November, 1930, ORAL HYGIENE gave the profession first news of the undertaking. The company had no connection with the well-known Prudential Insurance Company, the Rock-of-Gibraltar folks.

Subsequently, in the January, 1931, issue, ORAL HYGIENE exposed the Prudential Society's methods which the magazine had meanwhile investigated and in the June issue that year presented the findings of Frank W. Brock, of the New York Better Business Bureau, following a first-hand probe of the society's affairs, conducted by Mr. Brock at ORAL HYGIENE's instigation.

Sporadic efforts, of a similar nature, have been noted from time to time.

OUR-FACE-IS-RED DEPARTMENT

In Dr. E. A. Charbonnel's article, "The Joseph Samuels Dental Clinic for Children of the Rhode Island Hospital," appearing upon page 740 of May, 1933 ORAL HYGIENE, the reference to *9,100 operations* should read *91,000 operations*. The error appeared in the paragraph next to the last.

PEAKS *and* POKES

By FRANK A. DUNN, D. D. S.

When Folly's siren calls are stilled
And have forever vanished,
When quiet heart no more is thrilled
By longings age has banished;

When eyes are dull to beauty's spell
And ears to tempting urges;
When peace and calm together dwell
Where once swept mighty surges;

It's then the truest joys abound
In virtuous reflection,
For then and only then is found
The peak of life's perfection.

O welcome happy, hallowed day
That leaves the heart in clover,
When worldly tumults vanish, say,
At eighty-five or over.

Dear ORAL HYGIENE:

A pipe and chat with you. Maybe you've wondered about some of those letters addressed to me in your care. Most of them might have been written by that Greek in California who slammed the *Dunns, O'Tooles and Sullivans* and called the Irish a *bunch of monkeys.*

I've tried to make this page a sort of first aid to intelligent reading, writing, and talking. Certainly it is needed. Possibly not more than 5 per cent of dentists can read, write, and talk intelligently. By reading is meant to read aloud simple printed matter so that it sounds well. By writing is meant to write clear and concise sentences. By talking is meant to speak words, properly enunciated and pronounced, and to the point.

This is no reflection, because the same percentage probably holds true of physicians and lawyers, with a smaller percentage for college professors, particularly professors of English. Publishers and editors and their associates, I'd give 90 per cent; poets, 1 per cent. [Frank: In the interest of truth we have reversed your figures in the last two items.—*Staff.*]

Winchell in his column booed the man who publicly combed his hair, yet one of these letter writers walloped me for *slandering* the man who smacked his food. He wrote a semi-thesis to prove that not only smacking food but sniffing it was natural and aided digestion. He said nothing about the other fellow's digestion. The friendliest letters came from Dr. John Leavy, Ireland; and Dr. R. C. Wescott, New Philadelphia, Ohio.

One bird squawked a thousand words to call me a snob in the use of English. I could have answered him in three, but *cui in hell bono.* —*Frank*

Is it WORTH WHILE *to* STUDY DENTISTRY?

By S. GRAITCER, D.D.S.

as told to David Graitcer

"I HAD had classes every day from nine in the morning until five at night. And I worked frequently from six in the evening until three in the morning, all to be a dentist.

"There was to be an exam the next day in physiology. As soon as I got home from work, I began to study. I studied and studied and studied — and studied. At last, exhausted, I dropped off—more into a faint than into a sleep.

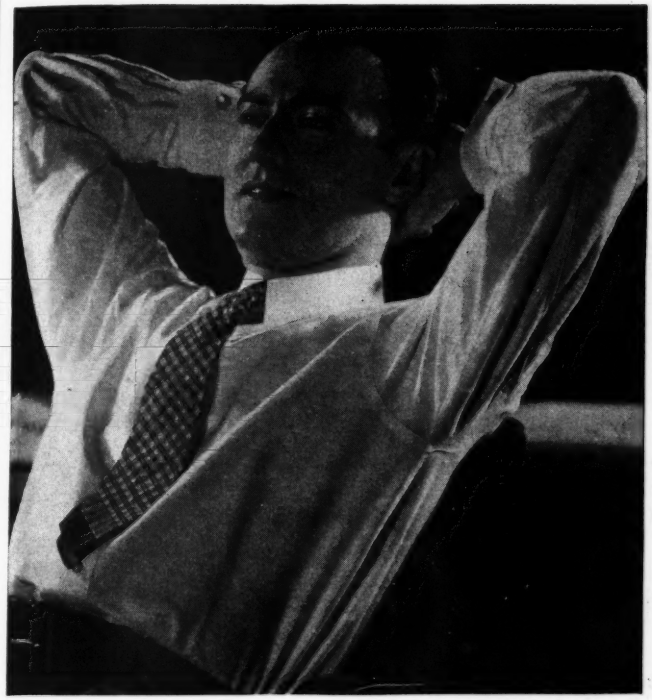
"The alarm went off at the usual time. I heard it, but I couldn't get up. Literally, I *couldn't* get up. My body was so stiff and weak that I could hardly move. Every attempt to get out of bed was futile. I could not. All around me, in the adjoining rooms of the tenement, I could hear people preparing to get up and on their way. The toilets flushed, doors opened and closed. People came in and went out. But I lay there on my bed, helpless—lonely — sick — forgotten by everyone. I lay there the entire . . . The morbid thoughts that were mine!

"You ask me, son, if I think it worth while that you study dentistry. It is a difficult question.

"I have gone through many trials similar to the one I just related to you in order to be a dentist. True, my difficulties were largely due to money matters, but they were not these alone. Don't forget, young man, you are giving five years of your time, many thousand dollars in cash, and much mental anguish and strain to fulfill your desire to be a dentist.

"The choice of your life work, son, must be made on your own account. But, after twenty-four years of dentistry, I feel that my opinion may be worth something to you.

"My greatest desire was to be a dentist. I lived to be one. After I graduated from college I imbued everyone with whom I came in contact with dentist-



"Young man, if you are interested in making for yourself a moderate living through the means of helping others, and if you are wholeheartedly imbued with the fact that dentistry is a significant profession—go ahead."

ry. The ardor was great. The interest was boundless.

"I have helped many people, relieved them of pain, aided them in their health, taught them to take care of themselves. I feel that my life has been somewhat of a benefit to mankind.

"The study of dentistry has broadened me culturally. I have studied many subjects about which very few laymen know anything. I have been taught to live hygienically. I have earned a moderate living. I have been independent of any strings: what I have is due to my own efforts.

"Now, more than ever, people are beginning to realize the

effect of the teeth on health. More and more physicians and dentists are delving in research laboratories in order to determine more accurately the effect of teeth on health. Much has been found out. Much more is yet to be discovered. There are plenty of opportunities here.

"So, my young man, if you are interested in making for yourself a moderate living through the means of helping others, and if you are wholeheartedly imbued with the fact that dentistry is a significant profession—go ahead. It is worth while."

2025 South Fourth Street
Philadelphia, Pennsylvania

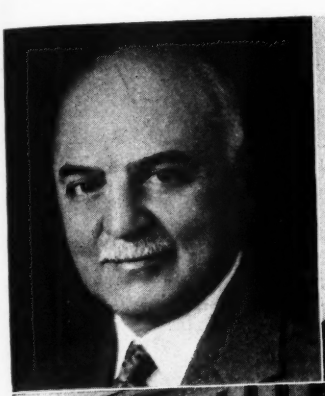
SAN FRANCISCO'S NEW DENTAL CLINIC

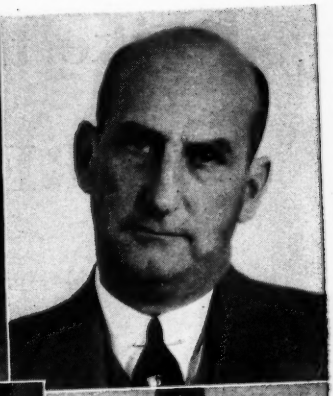
A dental clinic large enough to care for the needs of the poor children of San Francisco has been achieved through the efforts of two of the city's public-spirited men—Mayor Rossi and Dr. J. C. Geiger, Executive Medical Director of the Health Department.

This new Public Health Center Dental Clinic, which replaces an old, inadequate one, is located in a splendid new building adjoining the San Francisco Auditorium and City Hall in the city's Municipal Center.

On the opposite page are shown: Above, Mayor Rossi (left) and Doctor Geiger. Center, the building in which the clinic is located, and the entrance to the clinic. Below, a view of the operating room.

The photos were furnished by Mr. T. A. Strobridge of San Francisco.





(See opposite page)

I Like the DEPRESSION

By W. N. Hedback, D.D.S.

I AM getting used to the depression. In time, I may even get to like it. Just now I am battling for an existence. The battle is a keen one and I am determined to be the winner.

I think I have learned more facts during depression than I did in my college course. Depression has taught me more about dental economics than Bosworth ever knew. Depression is some teacher, gentlemen.

Five years ago dentistry was a speed program to me. Now I have time to prepare cavities properly, give full extension for prevention contours, and follow out all the details of the most exacting denture technique known. I have time to do good dentistry. If depression lasts long enough, I may yet become a high class operator. Depression is a good thing, gentlemen.

Years ago I was very careless with my bookkeeping. People who wanted to beat me out of their payments had little trouble to do so because my books were seldom brought up to date and statements seldom sent out on time. Good-pay patients were so numerous that I never made it tough for the dead beats. Now I have a "settlement conference" before work starts. I say again, depression is a good thing.

I used to be a little careless with my linen, and my clothes were not always dry-cleaned every month, trousers seldom pressed, my hair, now and then, was not combed, and nails not manicured, when busy days were here. Now I have so much time that I am claiming to be the Beau Brummel of our town. They say I really look stylish now. Maybe I look as a dentist should look. Oh, I say once more, depression is a good thing, boys, if you only keep up the morale.

My office used to look rather tacky, years ago, when I was too busy waiting on patients to see cobwebs, mussy corners, torn window hangings, cloudy window panes, aged, faded wall paper and shabby wood work. Those days business was good and an outlay for overhauling the office seemed like a wasted

I find myself talking sympathetically.

expenditure. But you ought to see my office now! Everything has been overhauled, redecorated, rearranged, remodeled, revamped (very economically), and people who enter often remark: "Oh, what a beautiful new rug on the floor"; "What an attractive office you have, doctor." To themselves they may think silently: "Why, the old boy is coming back again." One stranger said she had not heard that there was a new dental office in town. And that is the reason I am saying to you now, depression is a good thing, provided you take it right and improve the opportunity. See it first: improve it next. Depression has done me more good than harm. I almost like depression.

Sometimes folks found me temperamental and crabby, years ago, when I was perhaps too busy to appreciate fully the value and importance of civility, patience, and self-control. I might snap out some curt reply that stung worse than it was intended to. This unfortunate weakness no doubt cost me plenty and helped my competitors' appointment books materially. My friends would understand me, but others, no doubt, misunderstood me badly. I was always sorry, which seldom helps much.

But now all that is changed. Today I am meek as a lamb. My speech is measured and harmless. My words are mostly soft pedaled. Nobody gets sharp, cutting words any more, not even dental salesmen, who seemed to solicit us so often we frequently got too familiar with them. When they call on me now and tell me how bad sales are and how they are off salary and on strictly percentage basis, I try my best to scare up a small order for them and I find myself talking sympathetically and

kindly to them, until we both almost spill a tear for depression's sake. Misery loves company. I find myself getting chummy with almost anybody who is in trouble. My high-hat strutting is all gone. My speech is all courtesy, kindness. So I feel depression has improved my manners and perhaps made a gentleman out of a roughneck. Therefore, I repeat loud and long, depression is a good thing, fellows. I believe in depression.

During prosperity years I made many mistakes in buying. My buying of supplies was imprudent, careless, wasteful. Anybody could sell me anything. And I frequently bought extravagantly, excessive quantities and things I did not really need. My middle name was E. Z. Mark. A good talker, a polished salesman almost always landed a nice order. The pay never bothered me. I had no worry at all over bills those days. The bank checking account was always bulging. Buying seemed such good fun. Almost every drawer and shelf in the cabinet held remnants of broken bur or stone or broach lots, yet the next salesman might go out with an order for another gross. Sheer wastefulness. No frugality. Economic intemperance. Now all that kind of foolishness is a thing of the past. I have studied buying, better buying, sane buying, and have made good money in doing so. I have stayed solvent when others simply wrecked their credit account standing. Now I am buying when and what I need, wherever my money will buy the most and the best of a certain dental merchandise, and I buy within my means. Hence, my account has not gone on a C.O.D. basis. Certainly, depression is a good thing. I am strong for depression.

And, lastly, I have had time to go to church. I have returned to the church to which I was so faithful at the outset in life and so faithless a slacker during the booming years of dental prosperity. And church is more economical than golf ever was. They have no fixed green fees where we worship and the usher often looks aside while I slip my mite into the collection box.

But best of all, I have gone back to the simple life. You might doubt whether I was happy with all this new environment: let me tell you, I am. I am living boyhood days over again, getting closer to my God and serving him in simplicity and truth. I am supremely happy. The prodigal son has returned. I am doing more for my fellow man through church and welfare work than I ever dreamed possible. I think I like depression. It has helped me be a better dentist, a better man and a better Christian. Depression is O.K.

Cumberland, Wisconsin

By W. Earle Craig, D.D.S.

Building *for the* Future

NEARLY everyone suffers financially during times of economic stress, but the spirit of mutual helpfulness is greatly increased. This condition is particularly true in the professions, especially in dentistry. But, as compensation, more constructive plans have been offered during the last three years in organized dentistry than in the previous decade.

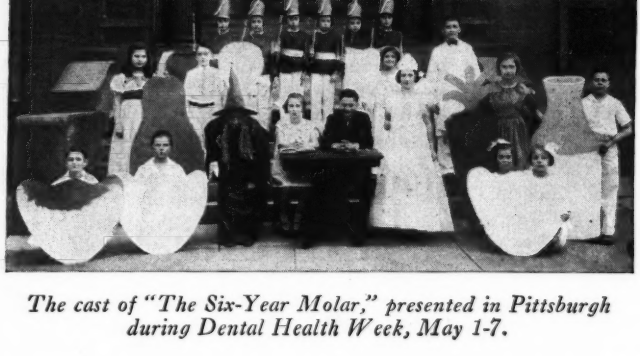
Organized dentistry in western Pennsylvania has lost a lot financially, but the progress that has been made in its public relations work has been quite noteworthy. The desire of each individual dentist to do his part in some work for the good of the profession will bring real results if the spirit will continue.

The Odontological Society of Western Pennsylvania organized a dental clinic over a year ago under a plan so unique that it has brought letters of inquiry and congratulation from all over the United States.* This clinic is operated by the society; the materials are paid for out of its treasury, and the members volunteer their services. No help is received or taken from the community chest, not because of the wealth of the society, but rather so that complete control can be kept by the society. When necessary, the clinic can be closed and dentists will not suffer from the "clinic menace" that faces the medical profession.

The work of this clinic is confined to expectant mothers and children up to twelve years of age referred by welfare agencies. So far more than 5,000 patients have received treatment in the main clinic located in down town Pittsburgh. Fifteen smaller clinics in outlying districts are operated on much the same plan.

Emphasis is placed on the care of the six-year molar and

*Oral Hygiene, August, 1932, p. 1504.



The cast of "The Six-Year Molar," presented in Pittsburgh during Dental Health Week, May 1-7.

of the deciduous teeth. Copper cement and copper amalgam are used exclusively as filling material so that, when the economic condition of the patients improves, they will consult their own dentists if they are interested in esthetics. Conducting the clinic in this manner has created considerable good will among the laity, and the press has been generous with friendly articles.

Dental Health Week in Pennsylvania was designated as the week of May 1-7, but the committee of the society in charge was dubious as to what could be arranged with little or no money.

However, the members of the committee showed a willingness to work and were greatly encouraged by the general response of the membership. A poster contest was arranged in the county schools and a perfect teeth contest was conducted. Twenty-five thousand children were examined; the 100 winners were awarded certificates.

Women's clubs, parent-teacher associations, service clubs, and the like, were communicated with and urged to put on appropriate programs. Forty of these organizations requested speakers through the office of the secretary of the society, and many others asked the neighborhood dentists to give them talks.

Drug, department, and food stores put special displays in their windows. Street cars and dairy trucks carried signs announcing the week, and the newspapers were liberal with articles and pictures.

The dental dealers and laboratory men caught the spirit of the day and cooperated. One prominent laboratory man, through his neighborhood parent-teacher association, prevailed upon the Department of Hygiene in the Pittsburgh Public Schools to stage a playlet called "The Six-Year Molar." It was later presented before the school children, two parent-teacher as-

sociations, and the Pittsburgh Rotary Club. This is the first time that the Pittsburgh Public Schools have cooperated with the society in any manner.

Another plan inaugurated, the results of which cannot be shown yet, is an old one with some new ideas added to it. Permission was obtained in a community with a population made up mainly of the middle-class type to examine all of the 900 children in the schools. The examinations were made by members of the society residing in the district.

The charts on which the examining dentist's findings were recorded were made up in attractive style and showed the deciduous and permanent teeth in a very graphic manner. These charts were made out in duplicate, and the original, with a stub attached, was sent home to the parent with a letter explaining the reason for the survey. The stub was to be returned to the child's teacher when the corrections advised had been made by the child's own dentist. If the examinations succeed—and success is expected because of the clear manner in which the defects were shown—in getting the children in this community to their dentists to have the necessary corrections made, the plan will be tried all over western Pennsylvania.

Enthusiasm did not die at the conclusion of this week and the generous dealers and laboratories again came to the support of the profession by buying space at the 1933 Prosperity Parade conducted by the Pittsburgh Advertising Club at which exhibits of every industry in Pittsburgh were shown. The dental exhibit consisted of the very latest dental equipment for children's work, with suitable background. A graduate dentist connected with the University of Pittsburgh—assisted by dental hygienists—was in charge. Movies were shown and literature of an educational nature was distributed to visitors.

Summer is vacation time but the amusement parks offer a good opportunity to continue to tell the story of dental health. In cooperation with the Pittsburgh Dairy Council two booths for this purpose have been maintained for the past ten years. These booths are equipped with dental chairs, and hygienists are on duty in them every day a picnic in the parks is scheduled. The hygienists distribute booklets containing educational information about dentistry and give prophylactic treatments to as many children as possible.

This type of educational work — from which actual results have been shown — has great promise and is not expensive.

The future of dentistry depends not only upon the manner in which we educate the person who now believes in dentistry or the one who is ignorant about dentistry, but also upon how thoroughly we educate. If educated in the proper way, the future patient will ask for dentistry and will not need to be solicited for it.

MORE *about* VITAMINS*

By L. J. Moriarty, D.D.S., *and*
Katherine Carpenter Moriarty, B.A., B.S.

IT would indeed be folly to write an article on vitamins, expecting all statements in it to be accurate and complete a few years later. The reason for this is that the whole matter is in a constant state of flux. The fact that this holds true for almost any subject upon which scientific research is being done is the justification for any such article.

"Vitamins are important clinically for their absence rather than for their presence."

There are, however, a number of accepted facts that we may be reasonably sure are near enough the truth to be of practical value to the dentist. So it will be well to summarize our understanding of what is known about the vitamins and their relation to health.

First, vitamins are complex chemically and their exact structures are not known. Vitamin A is probably one of the sterols; vitamin B has apparently been broken up into other vitamins; C has been procured in a crystalline form; D is evidently the same as irradiated ergosterol. We know also that vitamins are important clinically for their absence rather than for their presence.

Of the functions and sources of the different vitamins we know more. The foods rich in vitamins are usually the ones that supply the largest amounts of the mineral salts, chiefly calcium and phosphorus.

The deficiency diseases are caused by a lack or absence of the vitamins in the diet. The average American diet is composed largely of the muscle meats, potatoes, white flour products, corn products, and the root vegetables, such as beets and turnips. However, the diet of our people in general is much more adequate now than a decade ago because of the efforts being made to educate them on the subject of food and its functions. It has been conclusively shown that the foods just given as typical of the average American diet will not support the

*Part VI of the series, "Diet and Some of Its Dental Phases."

"Money spent in purchasing oranges, apples, lettuce, celery, cabbage, and other fresh fruits and vegetables to be eaten raw is a good investment in the interest of health and eventually will be refunded to the investor in lower dental and medical bills."

normal growth and functions of experimental animals, proving that unless fortified by sufficient amounts of protective foods the average diet is faulty.

While the vitamins are so necessary to complete physical and mental integrity, they are not formed within the animal body, but must be ingested either directly or indirectly from the vegetable kingdom. They are present to some extent in all natural foods that have not been cooked, canned, or otherwise tampered with. However, all the known vitamins, except C, will resist the ordinary heat of brief cooking.

Vitamin A is fat soluble and is destroyed when exposed to air or ozone. Its main functions are the promotion of the appetite, digestion, and growth; and the prevention of infections, especially of the eyes and respiratory tract. Its absence is the specific cause of xerophthalmia, a disease of the eyes, and it evidentally has some effect on the production of rickets and dental caries. Those who lack vitamin A are weak, dull, and underdeveloped. They fall easy prey to infectious diseases.

Vitamin A is present in whole milk, butter, cheese, egg yolk, cod liver oil, halibut liver oil, and the glandular organs, as the liver, kidneys, and sweetbreads; in all green leafy vegetables, sweet potatoes, carrots, and yellow corn.

Vitamin B, called the antineuritic vitamin, is water soluble and will stand about one hundred and fifty degrees Centigrade without being destroyed. Its functions are much the same as those of A, together with stimulation of metabolism and especially the protection against organic nervous diseases. It also stimulates and improves the milk supply of lactating women. Its absence gives rise to the disease beriberi which occurs to some extent all over the world but most frequently in the Orient. A diet composed exclusively of salt meats, muscle meats, polished rice, starches, glucose, macaroni, processed wheat products, and breakfast cereals, if continued long, is bound to result in beriberi, neuritis, and atrophy of lymphoid tissue.

Vitamin C is found most abundantly in the fresh citrus fruits, in most fresh fruits and vegetables, and in canned or cooked tomatoes, green spinach, chard, rape, etc. It is also present in the milk of cows fed on green forage.

Vitamin D is either irradiated

ergosterol or identical with it. Its function is largely the regulation of the metabolism of calcium and phosphorus. It is, therefore, very important to dentistry in the formation of the teeth and jaw bones. It has been found to be one of the main factors in the control of dental caries by diet. When it is absent rickets, bone deformities, and faulty calcification or dental caries occur. It is present in abundance in cod liver oil, halibut liver oil, irradiated ergosterol, egg yolks, whole milk, and the fatty foods containing the sterols under the action of sunlight or ultra-violet light.

Vitamin E or X, as you may prefer to call it, is one of the more recent discoveries and has not yet been extensively investigated. It is fairly safe to say that it is stable to cooking and exercises a power over the reproductive functions. It probably has an influence upon the metabolism of iron. Its absence causes sterility in experimental animals.

It is very probable that other vitamins will be discovered. These will be either entirely new ones or a division of some of the known ones. Indeed, some claims to the discovery of other vitamins have already been made.

In scurvy the teeth become loose and the gums spongy and easy to bleed. This condition can be easily produced in experimental animals by feeding them on a diet of cooked and canned foods exclusively. The condition can be as easily corrected by the use of foods containing vitamin C (the fresh green vegetables). This is proof that C is of value in the treatment of so-called pyorrhea in human beings.

Money spent in purchasing oranges, apples, lettuce, celery, cabbage, and other fresh fruits and vegetables to be eaten raw is a good investment in the interest of health and eventually will be refunded to the investor in lower dental and medical bills. Each day's diet should contain at least one salad of fresh raw vegetables and one of fresh fruits; some milk, butter, and eggs, for their protective elements; and mineral ash content needed to build and keep the teeth and general body in a state of good health.

East Kemp Avenue
Watertown, South Dakota

ORAL HYGIENE'S corner at the Dental Congress next month in Chicago will be Booth 19. There'll be an easy chair for you.

ORAL HYGIENE'S LIBRARY TABLE

BOOKS REVIEWED FOR BUSY READERS

AN EXHAUSTIVE AND AUTHORITATIVE VOLUME

Histopathology of the Teeth and Their Surrounding Structures by Rudolf Kronfeld, M.D. Philadelphia: Lea & Febiger, 1933.

FROM the always competent press of Lea and Febiger there has recently (February, 1933) been issued an authoritative treatise on *Histopathology of the Teeth and Their Surrounding Structures* by Rudolf Kronfeld, M.D.

The bibliography and original research on which the author bases his sane and well drawn conclusions are most impressive in their extent and completeness.

The degree of excellence of the many reproductions of microscopical studies leaves little to be desired in the way of accompanying illustration.

Particularly effective is the method frequently used in showing the familiar x-ray in one corner of a high magnification of the same subject, thus obviating the necessity of glancing back and forth in a more or less confusing attempt to "get" the several aspects of the problem.

To cite all points of excellence in so exhaustive a treatise is, of course, impossible. However, the studies on root resorption of permanent teeth and on the gingival crevice shed much light on problems which have long been a puzzle to the experienced practitioner.

Taken as a whole, this volume offers much to both the student and the dentist of long experience as a source of reliable and readily assimilated information regarding the minute structure of the teeth and their supporting tissues. To both author and publishers the profession at large is definitely indebted for the production of such a volume.—*A.G.S.*

W. LINFORD SMITH
Founder

ORAL HYGIENE

ARTHUR G. SMITH, D.M.D., F.A.C.D.
Editor

EVIDENCES OF GROWTH

THE stature of dentistry as a distinct profession carries certain obligations and responsibilities which, it is a pleasure to note, are being met in a highly creditable manner.

Toward the end of 1932, President Dittmar of the A.D.A. appointed a committee on Dental Educational Publicity consisting of C. Willard Camalier, chairman, C. E. Rudolph, and W. O. Talbot.

This committee of well qualified and outstanding members of the dental profession is already in receipt of assurances of cordial cooperation from the United States Public Health Service.

Such evidences of unselfish team work on the part of the two professions mostly concerned with matters of public health education are most heartening.

Also to be noted as a distinct evidence of professional advancement is the creation of the American Dental Foundation.

Our profession has long contributed through its regularly organized channels to scientific research, but the establishment of the Dental Foundation will, for the first time, afford an opportunity for those among our membership who so desire to leave bequests in any amount to the cause of dental research.

The incorporators and first board of directors are:

H. J. Burkhart, C. E. Rudolph, George B. Winter, and C. N. Johnson.

With such an avowed object in the hands of such men, the new Dental Foundation should present the strongest possible appeal to those in our profession who wish so to arrange their affairs that their efforts for the benefit of mankind may long outlive their own personal ability to work and be of service.

FEWER RULES—MORE THINKING!

ANALYTICAL thinking is undoubtedly the supreme function of the mind. Possibly in this fact lies the explanation of its rare occurrence, either in the group or in the individual.

Few of us *care* enough about anything to make the effort involved in clearly thinking about it.

Thinking is disturbing—its indulgence is fraught with dangers of the most subtle and disquieting kind. Because these things are true, clever word jugglers throughout the ages have coined apt phrases which are readily absorbed as a satisfactory substitute for thought. Some of these phrases are listed as "rules," others as "catchwords" or "slogans."

As is the case with other makeshifts and short cuts, the benefits sought must be carefully balanced against the inevitable dangers involved, for, obviously, a *decision* which is *arrived* at in the absence of *actual* thinking on a subject can never be the best that is possible under any given set of circumstances.

What is the outstanding feature of a rule? Many years ago in an obscure publication appeared the following answer to this question: "A 'rule' is something issued by an 'authority' which thereby assumes that its own understanding of a *basic principle* is better than yours can ever be!"

In other words, a rule seeks only to *control,* never really to *enlighten* or *educate!* Of course, it is better to act blindly in obedience to a fairly good rule than

to fail entirely of action when action of some sort is needed. However, no rule—nor all the rules in all the world—can ever be successfully substituted for real analytical thinking.

In 1896 two words nearly wrecked the entire financial structure of the United States: they were the words "free silver." The subtle implication which these words carried nearly swept a majority of the electorate off their feet.

Rules—catchwords—slogans. Wars have been won and fortunes made by the clever joining together of a few incisive words. The opposite, of course, is true also. Three words, "rum, romanism, and rebellion," inadvertently used by a presidential candidate nearly a half century ago were seized upon by the opposition and turned against their user to his overwhelming and final defeat. "They shall not pass!" a few years ago compressed into four brief and biting words a spirit of patriotic desperation that no prolonged harangue could possibly have equaled.

The temptation to fall back on a rule was probably never as great at any time in man's development as at the present moment. This follows directly on the heels of the evergrowing complexities of modern life. Problems of such varied sorts and in such bewildering numbers cry out to us on all sides for a solution so that, in a wild effort at self-defense, we seize upon a rule of action, strike back at the questions that beset us, and *think* not at all about them.

It must be confessed that in our daily lives as citizens a certain amount of such feeling and action is perhaps excusable—yes—inevitable; but in our lives as members of a profession which undertakes the extremely responsible task of doing its bit toward keeping the bodies of our fellow men in a serviceable state of repair we should be wary of domination by rules and slogans.

The bodies of our fellow men are not science, mathematics, nor architecture. To the solution of

their infinitely complex troubles and disorders, rules and slogans have only a very limited application.

"All loose teeth should be extracted." How often have we heard that rule laid down by some "authority"! Let us consider this matter.

Just what constitutes a loose tooth? All human teeth as existing in their original sockets are loose, very perceptibly so. But, you say, that isn't what the authority meant when the rule was given. Very well, what *did* the authority mean? (Of course, at this exact point we become suddenly conscious of the disturbing fact, that we have *actually begun to think* about this proposition of extracting all loose teeth, and, as is always the case under such circumstances, the going becomes a bit more difficult.)

"Well, the authority meant—meant—that all teeth which are *unusually* loose should be taken out"; and a sigh of relief is indulged. But, the disturbing question slips in, "Just how loose *is* 'unusually loose'?"

We all know that a patient of a certain type will retain throughout long years, in a state of comfort and efficiency, a denture every tooth of which is so distinctly movable that, did such a condition exist *in the ordinary individual,* it would become our duty to insist on clearing out all teeth as a health measure.

"Unusually loose" turns out, therefore, to be only an illusion. For the looseness which properly carries the condemnation of a diseased condition in one case, in another denotes only an individual or family peculiarity which can be largely ignored or liberally discounted.

"Dead teeth"! !*@#"/?#!xX!***#@! The rules which have been given and the clear thinking which has been dispensed with when these totally misnamed members of the dental family have been up for discussion! Obviously the basic principle underlying this entire question is the plain physiological fact that no diseased tissue of any sort should be knowingly tolerated by an intelligent person who is really inter-

ested in the matter of having and retaining a clean and healthy body.

This basic principle must be applied to teeth as to everything else: incidentally, no one is in as advantageous a position to decide about tooth health or disease as the competent and experienced dentist.

Rules, catchwords, slogans—they are upon us as never before. In our daily lives they may possibly do us many real services, but in the walks of professional life, as nowhere else, the highest rewards will invariably be given to those men of unquenchable independence who, on occasion, can boldly abandon all rules and catch phrases and strike out utterly alone, if necessary, into the free field of analytical thought.

DIAGNOSIS ONLY

"KNOWLEDGE of social trends is no substitute for social action."

In this quotation, taken from the first volume of "Recent Social Trends," is crystallized both the tremendous scope and the pathetic shortcomings of practically all of the recent colossal fact-finding efforts as put forth by numerous and highly competent individuals and committees.

As recently published and placed on the market—at prices which can hardly have paid even the printing costs—these impressive volumes set forth facts without end as to everything in the social order.

Do you wish to know what the automobile, the radio, or the packaged breakfast food has done to the American scene? Somewhere, in some recently printed report of some splendid committee, the information is patiently waiting your discerning eye.

This information, when finally located, will be admirably written, clear and incisive in presentation, beautifully printed on high grade paper; and it will tell you everything you wanted to know, as well as

many things which had never entered your head regarding the question in which you are interested.

All this any one of these fat volumes will do without fail, but, alas, that is absolutely *all* it can do.

To the simple and rather time-worn question which first became famous in the World War, "Where do we go from here?" no one has anything more than the vaguest of suggestions.

The *diagnosis* of our mass illness has been made by the best brains in the world. They all agree that our illness is severe—positively serious, in fact. They also regard it as having certain new and extensive features which as yet are completely baffling.

As professional men we all fully appreciate the importance of accurate diagnosis as the first step in curing any serious trouble. However, diagnosis alone never actually ended any major affliction.

The patient still languishes—quite evidently awaiting the services of a skilled and courageous surgeon, or the greatest psychiatrist the times can produce.

HAVING FUN

"I'VE a full denture case I'm going to refer to you in a few days," said my friend the orthodontist as we met in the elevator one day.

Since I knew that the speaker was one of the specialists who kept strictly to the exact letter and spirit of the code, this statement was not surprising. So I merely answered, "Thank you—I'll be glad to give the patient my very best attention."

"Wait until you see him!" said the orthodontist with a strange chuckle.

In the press of other matters the foregoing incident was soon forgotten. A couple of weeks later the orthodontist stepped in, entirely unannounced, and said, "You know that full denture case I said I was going to refer to you? Well, I changed my mind about it—decided to handle it myself—it's finished

now—come on over and take a look at it." Again the strange chuckle.

Completely mystified, the few steps to the orthodontist's office were soon covered.

There, sitting in the arms of a plainly dressed but radiantly smiling mother, was a boy of some three and a half years, who grinned broadly at us as we approached.

"Meet the full denture patient and his mother, Mrs. Blank," said the orthodontist. And without more ado he thrust his fingers between the smiling lips of the child and took out a full upper denture!

Few surprises of a rather long and quite varied life have equalled that one.

With the denture removed the edentulous, childish maxilla seemed halfway between that of a newborn babe and the familiar toothlessness of old age. The gum tissue, smooth and healthy, left one utterly perplexed as to whether this was a case where no teeth had ever erupted or had all been extracted at such an unusually early age.

"I guess I've made you suffer enough on this case," laughed the orthodontist. "All of the uppers were hopelessly infected, so I cleaned out the upper jaw several weeks ago. I also took out all the lower molars."

And with that he again reached in the mouth of the still smiling child and took out a miniature lower lingual bar case which had a cast clasp around each tiny cuspid.

"Mother and child both doing well!" he happily jested as he continued his exhibit of the workmanship of these strange dentures—quite possibly the only ones of their kind ever made in the world. Such dentures!

"Where on earth did you get the *teeth*?" I asked in bewilderment.

"I didn't get 'em—I made 'em; ground each one

down on a lathe stone, and then glazed 'em!" he said with a happy smile.

The toy-like dentures were replaced in the mouth of the child, and he and his smiling mother left the office.

As the door closed, the whimsical smile vanished from the face of the orthodontist. Neither of us spoke for a moment.

"How did you ever run on to a case like that?" I asked.

"Oh! just one of those things—heard about it in a roundabout way—finally got a chance to see the child and talk to the parents. They're sensible, but were *terribly* discouraged."

"Have you any hope that the child will ever become normal—will ever have a chance?" I asked.

"Don't know! Too early to tell yet—he's *improving* wonderfully—maybe he'll come through—maybe not—no telling. All I *do* know—for sure—is that his chances are better now than they were before I fixed him up—and it sure was a picnic to work with the little rascal. Funny thing—he can't talk—but somehow he knows a lot—likes me—is tickled pink over his new teeth—wants everybody to see 'em. Notice how he kept smiling all the time we were looking at him? He's like that—funny little shaver!"

"It must have been a whale of a job, grinding down those teeth."

"Sure was! One of the toughest things I ever did—thought for a while that my fingers would never last through it. But the whole thing was so much *fun*!

"It was great! Hope it turns out all right! The parents haven't got anything, but they sure do love that boy. Wouldn't it be *great* if I really pulled him through—gave him a chance?"

Up to the time of going to press, I have been unable to think of anyone having any more fun from the great adventure called Life than my friend the orthodontist!

"I do not agree with anything you say, but I will fight to the death for your right to say it."
—*Voltaire*

GOOD TEETH

I recently completed an examination of the teeth of the school children here.

Because of the percentage of teeth and mouths found in perfect condition, I believe a record has been made for a place where there have never been any free clinics for the poorer children.

I examined 118 students in the junior and senior high schools. Sixty-one of them—or over 51 per cent—were O.K., had no cavities, and a large number of these 61 never had a filling.

The following table shows my findings graphically:

Total examined	118
With no cavities	61
With 1 cavity	30
With 2 cavities	12
With 3 cavities	8
With 4 cavities	4
With 5 cavities	2
With 6 cavities	1
Over 51%	O.K.

I have helped examine children of East Liverpool, Oklahoma, and other cities in which there were so many bad teeth that it is a pleasure to examine children where over half of them are perfect. — MILLER WELLS, D.D.S., *Mount Dora, Florida*

●

The realm of mental suggestion is one of the most fascinating of all fields of psychological research.

Under this intriguing head, comes the subjoined communication frankly entitled:

GROSS CARELESSNESS

A young lady presented herself, announcing that she desired to have a tooth extracted. Examination confirmed her opinion, for she had a badly abscessed lower six-year-old molar. Apparently her age was about 20, and she was rather slight of build, nervous, and very much afraid of the operation.

Several wakeful nights and irregular eating had left her in

none too good a physical condition, and she was also probably absorbing considerable pus from the abscess. For a week she had been postponing the dreaded operation, and finally started out searching for a dentist who would administer gas. Her highly nervous state, and fear of being hurt, enlisted the operator's sympathies to make her ordeal as light as possible.

While preparations were being made, selecting instruments, etc., the operator began describing in great detail just what to expect as she began "taking gas," her first experience.

When the inhaler was in place, she was told to inhale deeply and slowly, that at first she would notice a slight sweet taste of the gas, then a tingling of her fingers and toes which she admitted was occurring. Then she was told that she would feel a drowsiness creeping over her whole body, and then sleepy, so sleepy.

"Just a nice quiet deep sleep, and you will not wake up until I tell you to."

A slight snoring indicated that third stage anesthesia was at hand, the eyes were found to be "fixed" without reflex, and the tooth was removed, accompanied by a very hideous pus sack. Removing the inhaler and mouth prop, she was told to wake up and spit, which she did with such alacrity as to startle the operator. Patients usually consume a full minute or more before they lean over the cuspidor to spit, but this patient did so immediately, without the slightest delay. This was really a most unusual performance in the twenty-five years of the operator's experience with gas administration.

But that was not to be all, for, when the operator reached the gas valve to turn it off, he found that it was tightly closed. Imagine, if you can, the cold chills chasing up and down his back when he realized that his patient had had *no gas*.

Hurriedly and anxiously he asked, "Did you feel anything?"

The patient joyfully replied, "Oh, doctor, that was wonderful! It didn't hurt in the least. That is *such* a relief!"

And again the operator, "Are you sure?"

And the reply, "Oh, yes, I never felt the least thing. Gas is wonderful and I will never have a tooth taken out any other way."

The fee was paid and an apparently much relieved and delighted little lady left the office, leaving an operator accusing himself guilty of gross carelessness, to say the least. A perfect result without gas. How could it be possible?

What is the solution?

Perhaps among your readers there is someone who can offer a satisfactory explanation. It would be gratifying to know whether other experiences of similar nature have occurred.

Suppose the young lady referred a patient and insisted on taking the same treatment—she might, you know—what would you do other than actually administer gas? Owing to the

stigma already admitted—gross carelessness—the writer's identity is desirably withheld, but these columns will be watched for an answer and solution. Just address Gross Carelessness, in care of the editor, and perhaps he will be kind enough to print the best answer, for someone else might be interested, too.

* * *

The explanation of the above case is perfectly simple. The patient was a highly sensitive and "suggestible" individual.

The key to the phenomenon as described is to be found in this fact and the further frank statement of the dentist, who was supposed to be administering the "gas," that he did not know that no gas was being received by the patient—but went on describing her probable symptoms—no doubt with the most convincing and reassuring manner.

In this case the result was a perfect success — and with no anesthetic whatever administered. The unfortunate fact remains, however, that, if the same man deliberately attempted to repeat the procedure, he would probably encounter 99 9/100 per cent failure!

Of such results is the realm of mental phenomena chiefly composed.—Editor

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THE QUESTION OF FEES

I have just finished studying the article written by Dr. Frank Entwistle in the April issue of ORAL HYGIENE,* and I do not agree with him when he says that dental fees should not be lowered. However Doctor Entwistle has some excellent suggestions and I can profit considerably by doing my best to carry them out. Collect as you do the work. That is fine. It is harder to get the money after the bill becomes large.

From what I can gather from this article, Doctor Entwistle has two classes of patients: those who can pay nothing, and those who can afford to pay the dentist ten dollars per hour.

I used to pride myself on knowing that my time was worth ten dollars per hour, but that was before wheat sold for thirty cents a bushel and eggs were more than ten cents per dozen. A farmer would bring in a cream check for $12 and I would charge a good fee and give him back enough money to use for groceries and a pair of shoes for the baby. Now it is nothing uncommon for a farmer to bring in a cream check for $1.08 to help pay for the extraction of a tooth for the little girl who has not slept for several nights because there was no money with which to pay the dentist.

Pretty hard to charge that patient ten dollars an hour for services, but I do charge *something,* and I get it.

What about the merchant who has not paid any rent for over a year? He, too, has spent years in building up a business,

*ORAL HYGIENE, April, 1933, p. 542.

but he is hard up. Can he afford to pay me ten dollars an hour?

During the good times it cost me $1.00 for a good beef steak. Now I can get the same amount of meat for 50 cents. Have I the moral right to charge this man the same fee for services that I charged his family four years ago?

Lowering prices to meet the present conditions is *not* cutting prices. I am having my car overhauled and work done on it that would have cost just twice as much during the high prices. When I do this man's dental work am I justified in charging him the same fee I would have charged four years ago?

I have lowered my dental fees. I do all the work I can for a given amount, and if there is an extra tooth which should come out and the patient says he cannot have this done, the tooth comes out just as soon as I can choose the correct forceps. That is building up good will. If the dentist across the street cannot see his way clear to meet the present conditions, perhaps he is wiser than I am, but I don't believe it.—E. H. CRARY, D.D.S., *Cando, North Dakota*

●

WANTS UNIVERSAL LICENSE

No man at the age of forty or fifty years can pass a State Board. True, the Boards do let some of their friends through at that age. But this is not fair to the many who would like to make a change in location. I am registered in four states. Surely I am capable of practicing in any other state.

Give us a universal license—$1.00 per year for renewal—*Keep it up* ORAL HYGIENE—*hammer* at the *problem* until we get universal license.—JOHN I. WELLS, D.D.S., *Oak Park, Illinois*

●

PRESERVE INDIVIDUALITY

I have just read with much interest the article in the February issue of ORAL HYGIENE entitled, "Is Group Insurance the Answer?"* and, like Doctor Dewey, feel that neither group insurance nor any other form of insurance is the answer. I am frank to say that I cannot give the answer, but I am confident that *any plan of extending medical and dental services to the masses that will tend to destroy the individuality of the practitioner is pernicious and will result in much harm to the public in general and lower the standards of the professions in particular.* So let us hope that what ever the answer may be, the professional associations will be allowed to give it and that they will have the foregoing statement in mind when it is given.—W. K. WALTMON, D.D.S., *Hearne, Texas*

*ORAL HYGIENE, February, 1933, p. 201.

Ask ORAL HYGIENE

CONDUCTED BY
V. CLYDE SMEDLEY, D.D.S., AND
GEORGE R. WARNER, M.D., D.D.S.,
1206 REPUBLIC BLDG.,
DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

ROOT CANAL FILLINGS

Q.—I am confronted with a question about one of my patients — a man twenty-eight years of age. He has been troubled with a backache in or about the lumbar region, for the last three years. His tonsils were removed some time ago. He also had nasal polyps which were removed about two years ago. About the same time his maxillary sinuses were cleaned. At present he cannot breathe through his nose.

At one time he had renal stones, but they were removed medically.

I have taken full mouth x-rays and find his teeth in perfect health with the exception of the two lower cuspids. These are vital at the present time, but they present exposed nerves due to caries. I probed these teeth, removed the decay, and found, as expected, open pulp chambers.

Inasmuch as he has had his back ailments so much prior to these exposures, in spite of the history of his many operations, would you advise the removal of the pulp contents and thereby save the teeth?

Although I have done some very good canal fillings, both in school and in my office, in this case I would like your opinion because of the patient's history. —T.B.S.

A.—We have root canal fillings made for certain favorable cases by a man who conducts his fillings under a surgically aseptic technique, who uses the incubator to test his canals for sterility and who fills the canals

with a canal sealer and a silver wire. However, even with this very careful technique and in favorable cases of single rooted teeth that are perfectly straight, he occasionally fails to produce or keep a sterile periapical tissue.

Your patient is apparently, or perhaps I should say probably, allergic. If this is true he would not tolerate even the slightest periapical infection, so no matter how skillfully you extirpate those pulps and fill those canals there would be some element of doubt about these teeth ever after. On the other hand these are very valuable teeth and if the pulps are not too much infected you may be able to keep them alive and they may regain their health by capping them with a sedative cement.

It would be wise to try this and in the meantime every other possible source of infection should be investigated. It should be determined that there are no small tags of tonsils left, and also that the paranasal sinuses are at this time free from infection. The matter of infection in the intestinal tract should be looked into very carefully and, of course, a Wassermann should be made. It is possible that in the course of these investigations the cause of the lame back will be discovered and if it is and cleared up and the back gets well you might then be justified in doing a root canal therapy in case your pulp capping is not successful.—GEORGE R. WARNER

CASE FOR THE ORTHODONTIST

Q.—I have a patient—a girl eight and a half years old—whose upper lateral incisors are absent, as in the mouths of her mother and grandmother.

The centrals are fully one eighth of an inch apart. Please give me a simple plan for drawing them together and retaining them. How long should they be held by the retaining fixture, and at what age should this be done? Will they remain in contact?

Except for this defect, the child's mouth is in almost perfect condition.—H. J.

A.—I have held a conference with an orthodontist and we believe it is impossible to give you intelligent advice as to just how such a case should be handled without making a complete study, which should include both intra-and extra-oral x-rays, study casts, and a careful consideration of the facial contour. I presume that you have x-rays at least of this lateral area to be sure that the permanent laterals are missing. Sometimes the laterals do not erupt until after this age. Were the deciduous laterals missing?

The mere moving of the centrals together may be all that is necessary, or that alone might do very little or no good. This could, however, be quite simply accomplished by placing on each a well fitted orthodontia band with a tiny tube or hook soldered to the mesio-labial angle by which they may be ligated

and slowly moved together. When this has been accomplished they should not be soldered rigidly together but should be connected by a flexible wire joint which may be soldered to each band to retain the centrals until the rest of the teeth have erupted.

As the esthetics and an efficient occlusion of the posterior teeth indicate, the lateral spaces should be maintained for the laterals to be supplied later on bridges; or the cuspids should be brought forward to contact with the centrals with the points and angles modified somewhat by grinding to simulate lateral forms.

These decisions and this work should preferably be made by an experienced orthodontist.—V. C. SMEDLEY

●

NERVE BLOCKING

Q.—Can you give me a good method for nerve blocking for pulp extirpation?—C.E.V.V.

A.—There is no special or different technique of nerve blocking for pulp extirpation from that used for extraction or cavity preparation, except that the anesthesia should be more profound than is necessary for extractions. Inject a little more solution, be sure that the point of the needle is carried close to the nerve trunk in question, and wait long enough for complete penetration.

The complete nerve blocking technique is too long for publication in this department, and I would suggest you read Arthur E. Smith's book, *Block Anesthesia and Allied Subjects* which covers the entire subject in a very masterful manner.—V. C. SMEDLEY

●

DIFFICULT CASE

Q.—The gums of one of my patients—a girl of twenty, normal and healthy in every way so far as I can learn—swell frequently at irregular intervals. At times they nearly cover the teeth and bleed profusely. When swollen, the gums are a bright scarlet—almost red. The gums later reduce to normal, and become light pink in color, tough, and firm in from three to ten days, with or without treatment. There is no calculus.

The only abnormality that I can find is that she cannot and will not eat any sweets—says they are sickening to her.

I have tried everything I know of without results. Can you suggest a remedy, or better still, a cure?—H.K.

A.—We are unable to answer your question so we refer it to our readers for their kind consideration in offering a solution.—GEORGE R. WARNER

●

PROTRUDED CENTRALS

Q.—The two central and two lateral incisors of one of my patients—a girl of fifteen or sixteen—protrude and do not articulate with the lowers. However, all other teeth occlude and articulate almost perfectly.

The patient is in good physi-

cal condition and her teeth are well developed.

In my opinion, unless the arch is widened after the four upper teeth are drawn into place properly, the posterior teeth will not articulate as well as they now do.

What form of orthodontic appliance should be used and how long should she wear it? Also, how often should she come to the office for adjustment of the appliance? As my practice along these lines has been very limited, can you tell me what the average dentist charges for correcting such a case?—F.C.C.

A.—I would advise in this case that you either refer her to an orthodontist or consult with a good orthodontist. Even though you should succeed in retruding these teeth to their correct position, unless some type of permanent retainer is affixed they will most likely resume their present position again. This result may be avoided if you have been able to diagnose the cause of their having assumed this position in the beginning and if you can correct or remove this cause.

Protrusion of the upper incisors may be caused by thumb, tongue, or lip sucking, by mouth breathing, by paralysis or inactivity of the upper lip muscles, by retained deciduous roots, or possibly by any one of several other causes.

I cannot tell you what an average dentist would charge for such a case. Orthodontists frequently contract such cases by the year with the understanding that their fees will continue at so much per month, or quarter, or year, until the teeth have been restored to position and retained until the habit which caused their misplacement has been corrected.—V. C. SMEDLEY

●

TEMPORARY DISLOCATION OF THE MANDIBLE

Q.—One of my patients—a girl of sixteen—suffers from temporary dislocation of the mandible. She has no record of injury at any time and suffers most often at night when lying down.

The bone goes back into place of its own accord but is very painful at the time.

What do you advise me to do in this case, and what is your prognosis?—H.F.M.

A.—Without the record of an accident causing the original dislocation it would seem possible that it is the result of a malocclusion. The dislocation and malocclusion may be in part the result of bad sleeping habits.

It would seem wise to make a complete radiographic examination which should include intra-oral, extra-oral dental films, and the temporomandibular joints on each side. There should also be plaster impression casts of both jaws. With this material before one it should be possible to make a diagnosis and outline a plan of corrective treatment.—GEORGE R. WARNER

Two Letters

Readers of Dr. George Wood Clapp's articles which have been appearing monthly in ORAL HYGIENE will find in Dr. D.N.T.'s letter and Doctor Clapp's reply some material which is related to but could not be incorporated in the series.

ORAL HYGIENE is glad to make this correspondence available.

MY dear Doctor Clapp:

This letter is prompted by your article in ORAL HYGIENE* entitled "What Has the Dentist to Sell?"

I am delighted, Doctor Clapp, that one of your reputation, who has seen the vision and who has the nerve and stamina to write about it, should tell us dentists how we are unfitting ourselves in prosthetic dentistry through commercialism.

I have been specializing in the prosthetic branch of our profession for a number of years. The more I study it and practice it, the bigger it gets and the more I am convinced that you are too generous when you estimate that there may be three out of every ten dentists in this country who are capable of making really good upper and lower dentures, simultaneously, for one mouth. That is 30 per cent. I don't believe it is anything like that big a ratio; it will be much nearer 3 per cent than 30 per cent, and then, as you say, much less for partials.

You say, also in the article, that many are progressively unfitting themselves for this branch of work and are making themselves incompetent to cooperate with laboratories in such a way as to produce better results.

All of this is very true, but did you ever analyze this deplorable condition to arrive at the fundamental cause? The commercial laboratories themselves and our dental colleges are directly responsible, in a great measure, for this shameful truth.

With a very few exceptions, the laboratories are responsible for a very large percentage of the failures in denture work by their use of cheap and battered-up flasks. Most of them use the old bolt type of flask, or if they use the no-bolt type of flask, it usually is an old iron one that soon corrodes and warps.

I will grant you that the preparatory work that comes into these laboratories is deplorably inefficient, and that there is little incentive or encouragement for these laboratories to turn out better dentures. Suppose, on the other hand, that a

NOTE: This letter has been edited to shorten it. The essential points are retained.—G.W.C.

*ORAL HYGIENE, October, 1932, p. 1860.

man is careful and discriminating and has taken the pains to get good impressions scientifically registered jaw relations, set up the teeth to a good balance in accordance with the condyle paths and then has satisfied himself that all is well by an intelligent try-in. He then sends the case to a laboratory to be finished.

Can you imagine his chagrin and disappointment when that case comes back to him with posterior occlusion or maybe warped from being invested carelessly in an inefficient flask that has allowed the investment of the upper half of the flask to run in between the two halves, causing a warped mold right in the beginning? Then, after the wax has been removed, the rubber or other material is packed in carelessly, with an excess to be sure that the mold is filled, and this surplus allowed to run out over the rims of the flask, further distorting the mold. I say, can you imagine his disappointment? And do you think he knows what has caused that condition? Very frequently he does not. He is anxious to deliver this case and so proceeds to grind the teeth so that the patient can get it in the mouth and he can get his money.

When he has time to think over the case, he wonders if all of the time he has spent getting these good impressions and registering these relations is worth while, and so he is apt to fall right back into his old "mash-bite" practice. That is why I say the laboratories are responsible, in a big measure, for this retrogression in prosthetics. I am told that only 5 per cent of the dentists in the South are doing their laboratory work, and that only about 15 per cent of the dentists in the other parts of this country are doing their own work, so can you wonder that with 80 per cent of the dentists having this work done the result is so atrocious?

You know that when a dentist gets a case back from the laboratory and it hits heavily on one side or in the back, due to a warped mold from bad flasking, it will always be wrong and no amount of grinding of the teeth will prevent it from causing traumatic resorption. The longer the patient wears it, the more resorption there will be.

In calling to mind the experience of the careful and discriminating dentists who send their work to laboratories to be finished from their own try-ins I am thinking of possibly some of the men who took the denture course which a dental manufacturer gave the dentists of this country last year. That was a very commendable move, and I am sure much good came of it.

On that account many are probably getting much better results with their denture work. On the other hand, there were many who took all of the pains I have just spoken of and then sent the work to a laboratory and with the results just mentioned—beautiful things to look at, but worthless to the patient. I see these things nearly every day, because I see more failures in this work than I do people who are just beginning to wear the artificial teeth, and I can distinguish, in most instances, those that have been made from bite-rim registrations and those that have been made from the "mash-bite" registrations.

That manufacturer spent thousands of dollars last year on that course, which will be entirely lost unless the course is continued on into the laboratory; for the very first step from the try-in, the process of flasking, as it is now done, is the cause of a very large percentage of the failures in this branch of dentistry, and we shall never be able to correct that by talking about it. We must do something, and the only satisfactory way to do something is to revolutionize completely our present way of flasking. We must make available a type of flask that will be practically fool-proof. We must take up this subject of flasking with the colleges to train the new members of the profession before they get started with careless laboratories. And then we must

continue the work started last year and sell this vision to the laboratories, for the 80 per cent of dentists in this country who are now using the laboratories are going to continue to do so. We must show them where the mistake is made that causes their try-ins to come back to them all warped out of shape and with nothing but the back teeth striking and with heavy pressure on some particular spot. If we show the dentists what causes these troubles, then they will demand of their laboratories that they correct the cause of the failure.

I have spent this entire year and quite a good deal of money making models of two different types of flasks embodying principles that would make them practically foolproof and that would take out of flasking the human element that is now causing most of the shameful failures that you mention in your article, sending these models to the dental manufacturers of this country. It has been most discouraging and disgusting to have these manufacturers write back, after trying out these models, that the flask undoubtedly has great merit over anything else on the market, but that it is slightly different from the ordinary types and so they are not interested, because by trial packing and using care in pouring the upper ring the things I mention can be avoided.

Certainly they can be avoided. I avoid them by having this work done in my own office, and the men who are specializing in prosthetics do the same thing. But I am appealing for the 80 per cent who use careless laboratories; and I am appealing for the innocent and injured public, for each one of that 80 per cent makes a lot more dentures than those of us who specialize, because they are selling them much cheaper than we are.

Doctor Clapp, I am sorry to have burdened you with this long letter, but I am deeply interested in this subject and need some one like you to help me put it over.

I want to refer you to page 239 of Nichols' "Prosthetic Dentistry," showing a case invested in a —— flask. You can easily see how the plaster has run in between the two halves of the flask as the upper ring was poured. This cannot help but cause sore spots in the mouth, with attending absorption. It is wrong also to cut great escape-vents in the mold for the excess rubber or other material to run out. In the case of rubber, the surplus expands into these vents during the vulcanizing period and then does not go back into the mold, and you don't get a perfect copy of your molds, which also tends to cause failures.

There is something more in this life than money.

Sincerely yours,

D. N. T.

My dear Doctor T.————:

I am, of course, very much interested in your comments on the problem of good laboratory service. My comments would be somewhat different from those you make, and, for a certain proportion of laboratories, the solution would be different also.

To quite an extent in prosperous years, and to an even greater extent now, dentists buy service from dental laboratories on a price basis. The laboratory which offers a high-grade service at a fair price finds only a grudging response. Business is very likely to be taken away from such a laboratory by some other laboratory, comparatively irresponsible, that presents clever claims for doing the same thing for 25 per cent less.

There are, of course, laboratories that do not know and do not care and never will know and never will care. It ought to be easy for rightly-minded dentists to avoid them. There are laboratories which do know and do care, and they offer services at fees which are very reasonable for the amount of care they exercise.

The don't-know and don't-care kind of laboratories will always render the kind of service which

you have described, because nothing else is within the range of their vision or achievement. The other laboratories welcome every opportunity to render the very best service for which the dentist is willing to pay a reasonable fee.

I think most practitioners would agree that the graduates of many dental colleges come out of school with an extremely limited practical knowledge of prosthetic work. Most of them not only have very little idea about how to do laboratory work; they are not well trained to cooperate with a laboratory that does care.

I do not know whether you have sent work to laboratories which were of the don't-know and don't-care variety or whether you have selected laboratories that receive your work on a price basis. If you desire to receive the kind of service which your letter indicates, I can give you the names of laboratories that will render you good service. This may be unnecessary in your case, because you say that you are having the work done in your own office. But many dentists cannot afford to have the work done in their own offices, and for them such laboratories can often render better service than the dentist can achieve for himself at less than his costs would be.

I was very much interested in what you said about the postgraduate courses given to dentists by a dental manufacturer. I should like to tell you that when such courses are offered to laboratory men, as they sometimes are, laboratory men are very keen and attentive and industrious in making the most of the opportunity.

I do not know what you have been paying for laboratory service; but, as nearly as my recollection serves, laboratories in the South make an average charge, generally, of about $3.50 for the construction of a single full vulcanite denture, including the teeth. They cannot give anything worth while for that sum; you will not get worth while service, and the patient will not get anything worth while from you.

I agree with you that something ought to be done about this condition. That "something" might take two forms, and they would settle the matter: (1) a selection by dentists of those laboratories capable and desirous of rendering good service; (2) a willingness by dentists to pay for good laboratory service instead of trying to get laboratory service for practically nothing and pocketing the balance of the fee.

I want to call your attention to a very important step in the construction of full upper and lower dentures for the same mouth at the same time, as advocated by Doctor Hight, namely, the construction and vulcanization of the upper denture first, the replacement of it upon the articulator and the adjustment of the lower teeth to any changes which have unavoidably taken place in the upper during the vulcanization. The lower is then vulcanized separately. This was described in the December, 1931, issue of *The Dental Digest.*

Yours very truly,

GEORGE WOOD CLAPP

LAFFODONTIA

If you have a story that appeals to you as funny, send it in to the editor. He MAY *print it—but he won't send it back.*

Tommy had swallowed a penny and his mother was alarmed.

"Helen," she cried to her sister in the next room, "send for a doctor; Tommy has swallowed a penny."

The terrified boy looked up imploringly.

"No, mamma," he interposed "send for the minister."

"The minister?" asked his mother incredulously. "Why the minister?"

"Because papa says he can get money out of anybody."

"Sir, when you eat here you do not need to dust off the plate."

"Beg pardon. Force of habit merely. I'm an umpire."

Guide (in insane asylum): "This is one of our most pathetic cases. He went crazy trying to check up on all of the John Smiths."

Visitor: "A historian?"

Guide: "No, he was a hotel detective."

Contractor: "Don't you see that sign, 'No Work Today'?"

Colored Applicant: "Yassah, das why Ah applied!"

Flapper Frances (buying present): "I want a pair of squeaky slippers, size ten."

Salesman (amused): "Must they be squeaky?"

Flapper Frances: "Oh, yes! They are for father's birthday. I want them squeaky so my boy friend can hear him coming down the hall."

A tourist was enjoying the wonders of California as pointed out by a native.

"What a beautiful grapefruit!" he said, as they passed through a grove of citrus trees.

"Oh, those lemons are a bit small, owing to a comparatively bad season," explained the Californian.

"And what are those enormous blossoms?" asked the tourist.

"Just a patch of dandelions," said the Californian. Presently they reached the Sacramento river.

"Ah," said the tourist, grasping the idea, "somebody's radiator must be leaking."

Old Lady: "Why, you bad little boy—throw that cigarette away."

L. B.: "Lady, are you in the habit of speaking with strange men on the street?"

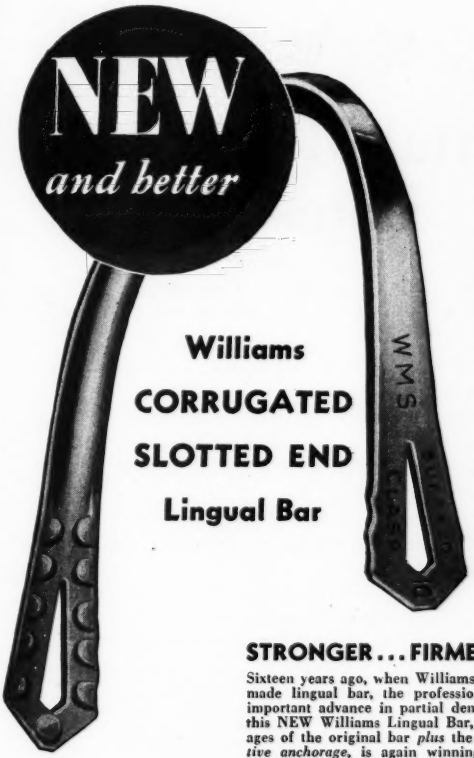
"I shouldn't think you'd let your wife drive the car down town alone. She doesn't know the traffic regulations, does she?"

"No, but she's young, and good looking."

The preacher's small son was being quizzed by an elderly visitor one day.

"Does your father ever preach the same sermon twice?" he was asked.

"Sure he does," the small boy replied, "but he hollers in different places."



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Dental Meeting Dates

American Academy of Periodontology, 15th annual meeting, Stevens Hotel, Chicago, August 3-5. All ethical practitioners invited.

American Academy of Restorative Dentistry, Stevens Hotel, Chicago, August 5-6.

American Full Denture Society, 4th annual meeting, Congress Hotel, Chicago, August 6-7.

Association of American Women Dentists, 12th annual meeting, Stevens Hotel, Chicago, August 7.

American Society for the Promotion of Dentistry for Children, 7th annual meeting, Stevens Hotel, Chicago, August 7. All A.D.A. members invited to attend.

Alpha Omega Fraternity will entertain all visiting members attending the Chicago Centennial Dental Congress, August 7-12. Please register at the Stevens Hotel. For information, write Dr. M. S. Altus, 4753 Broadway, Chicago.

American Dental Assistants Association, 9th annual meeting, Stevens Hotel, Chicago, August 7-12.

Chicago Centennial Dental Congress, Stevens Hotel, Chicago, August 7-12.

American Dental Hygienists Association, 10th annual convention, Stevens Hotel, Chicago, August 7-12.

Omicron Kappa Upsilon, 1st national get-together, Stevens Hotel, Chicago, August 10. Write Dr. A. Hoffman, Secretary, 311 East Chicago Avenue, Chicago, for reservations.

American Society of Orthodontists, annual meeting, scheduled for April 19-21, will be held in Oklahoma City, Oklahoma, November 8-10. All ethical practitioners of dentistry are invited. For program, write to Dr. Claude R. Wood, Secretary, Medical Arts Building, Knoxville, Tennessee.